

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 26 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000033607**

1. Corporation Name
MICA INSURANCE INC.

Principal Place of Business

1550 W. 84TH ST.
SUITE 42
MALEAH FL 33014
US

Mailing Address

1550 W. 84TH ST.
SUITE 42
MALEAH FL 33014
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1550 W 84ST

Suite, Apt. #, etc.
SUITE 42

City & State
MALEAH FL

Zip
33014

Country
DADE

3. New Mailing Office Address, If Applicable

1550 W 84ST

Suite, Apt. #, etc.
SUITE 42

City & State
MALEAH FL

Zip
33014

Country
DADE

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

05/04/1994

5. FEI Number

65-0490529

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	MUNIZ, MILITZA	4520 S.W. 89TH AVE	MIAMI FL 33185
S	HERMINIA SANZ	10120 SW 19 ST.	MIAMI FL 33165

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-12/02/96--01030--025

***375.00 ***375.00

8. Name and Address of Current Registered Agent

MUNIZ/MILITZA
4520 S.W. 89TH AVE
MIAMI FL 33185

9. Name and Address of New Registered Agent

Name
HERMINIA SANZ
Street Address (P.O. Box Number (Not Applicable))
10120 SW 19 ST.
Suite, Apt. #, Etc.
City
MIAMI FL
State
FL
Zip Code
33165

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

HERMINIA SANZ
REGISTERED AGENT MUST SIGN

Date **11-23-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #