

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2017 DEC 28  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

600 3069 12366

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** P94000072506  
 1. Corporation Name  
 ARGUS FIRE & CASUALTY INSURANCE COMPANY

2. Principal Office Address - No P.O. Box # 1313 NW 167 Street		3. Mailing Office Address 1313 NW 167 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Gardens, FL		City & State Miami Gardens, FL	
Zip 33169	Country U.S.	Zip 33169	Country U.S.

4. Date Incorporated or Qualified To Do Business in Florida  
10/03/1994

5. FEI Number 36-3954203	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED **\$9.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name  
Chief Financial Officer Department of Financial Services

Street Address (P.O. Box Number is Not Acceptable)  
200 E. Gaines St.

Suite, Apt. #, Etc.

City  
Tallahassee

State  
FL

Zip Code  
32399

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent \_\_\_\_\_ Date 12/ /2017

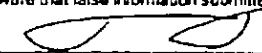
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	RICHARD PARRILLO	1313 NW 167 Street	Miami Gardens, FL 33169
SECRETARY	RICHARD PARRILLO	1313 NW 167 Street	Miami Gardens, FL 33169
TREASURER	RICHARD PARRILLO	1313 NW 167 Street	Miami Gardens, FL 33169
DIRECTOR	RICHARD PARRILLO	1313 NW 167 Street	Miami Gardens, FL 33169

10. E-mail Address: psusz@uaig.net (To be used for future annual report notification)

11. 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. (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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.)

**SIGNATURE:**  **RICHARD PARRILLO, PRESIDENT** **12/19/17** **305-947-4050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 968391 7175508

AUTHORIZATION :

COST LIMIT : \$ 1500.00



ORDER DATE : December 19, 2017

ORDER TIME : 10:06 AM

ORDER NO. : 968391-005

CUSTOMER NO: 7175508

DOMESTIC FILINGS

NAME: ARGUS FIRE & CASUALTY  
INSURANCE COMPANY

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - Ext#

EXAMINER'S INITIALS \_\_\_\_\_

17 DEC 20 PM 4 28