

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 DEC 20 2:12 PM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000072506

1. Corporation Name

ARGUS FIRE & CASUALTY INSURANCE COMPANY

600 306912366

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

1313 NW 167 Street

1313 NW 167 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami Gardens, FL

Miami Gardens, FL

Zip

Country

Zip

Country

33169

U.S.

33169

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/1994

5. FEI Number

36-3954203

Applied For

Not Applicable

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

State

Zip Code

Tallahassee

FL

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. 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., 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:

[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