

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 AM 10:45

DOCUMENT # P94000075082 (5)

1. Corporation Name

INSURANCE CONSULTANTS, USA, INC.

2. Principal Office Address
10247 NW 53 Ct.
Coral Springs, Fl 33076

3. Mailing Office Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Springs, Fl

Zip

Country

Zip

Country

33076

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/94

5. FEI Number

65-0531519

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Marvin Goldman

Street Address (P.O. Box Number is Not Acceptable)

10247 NW 53 Ct.

Suite, Apt. #, Etc.

City

Coral Springs

State
FL

Zip Code

33076

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

Marvin Goldman

Date 4/26/01

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
D	Marvin Goldman	10247 NW 53 Ct.	Coral Springs, Fl 33076
D	Barbara Goldman	10247 NW 53 Ct.	Coral Springs, Fl-33076

10. 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)(f), 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:

Marvin Goldman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 954-575-0462

Date

Daytime Phone #

CR2E081 (9/00)

**INSURANCE CONSULTANTS USA, INC.
10247 NW 53 CT.
CORAL SPRINGS, FL 33076
954-575-0462**

April 26, 2001

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Annual Report

To Whom It May Concern:

Enclosed please find the corporate reinstatement form for our corporation. We are also enclosing our check in the amount of \$300.00 to cover last year and this year's annual report fees as per the instructions of Marcita from your office.

The corporation relocated in 1999 and we never received the annual reports for 2000 or 2001. It was not until this year that we realized that the report never arrived and that we had not paid the annual fee. We therefore respectfully request that you accept the enclosed payment without penalties.

Thank you in advance for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Marvin Goldman", with a long horizontal flourish extending to the right.

Marvin Goldman
Insurance Consultants USA, Inc.

MG/II