

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
99 OCT 22 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000084621

1. Corporation Name

GREATER MIAMI INSURANCE INC.

Principal Place of Business

6051 MIRAMAR PKY
MIRAMAR FL 33023

Mailing Address

6051 MIRAMAR PKY
MIRAMAR FL 33023

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1994

5. FEI Number

65-0678294

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Annual Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D M	JOSEPH MARY M	1011 BRISTOL AVE. N	DAVE FL 33025 M
D	KURUVILA, JOE	1311 BRISTOL AVE.	DAVE FL 33325
D	ROBERT R. SMITH Sr.	7613 EMBASSY BLVD	MIRAMAR FL 33023

000003031580--8
-11/02/99--01008--011
***750.00 ***750.00

8. Name and Address of Current Registered Agent

JOSEPH, MARY
6051 MIRAMAR PKY
MIRAMAR FL 33023

9. Name and Address of New Registered Agent

Name JOE KURUVILA
Street Address (P.O. Box Number is Not Acceptable)
6053 MIRAMAR PKWY
Suite, Apt. #, Etc.
City MIRAMAR State FL Zip Code 33023

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

JOE KURUVILA
REGISTERED AGENT MUST SIGN

Date 10/18/99

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., 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. 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 FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOE KURUVILA

JOE KURUVILA

Date

10/18/99 954-983-5951

Daytime Phone #

CR25040 (8/99)