

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

FILED
Jun 19, 2002 8:00 A.M.
Secretary of State

DOCUMENT # P 95000015695

1. Corporation Name

New Generation Insurance Group
21 Ponce de Leon Blvd
Coral Gables, FL 33135

500005970425--9
-06/25/02--01041--012
****750.00 ****750.00

2. Principal Office Address

21 Ponce de Leon Blvd
Suite, Apt. #, etc.

3. Mailing Office Address

21 Ponce de Leon Blvd
Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33135

Country

USA

Zip

33135

Country

USA

REINSTATEMENT 02

**4. Date Incorporated or Qualified
To Do Business in Florida**

March 1995

5. FEI Number

650565779

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Marlene Gomez

R750 Temp ID

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

21 Ponce de Leon Blvd

Suite, Apt. #, Etc.

City

Coral Gables

State
FL

Zip Code

33135

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

[Signature]

Date

6/3/02

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
Pres	Marlene Gomez	1526 SW 22nd Ave	Miami FL 33144

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)(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:

Marlene Gomez *[Signature]*

6/3/02
Date

305-444-4157
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)