

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

97 NOV 10 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000067586**

1. Corporation Name

**AMERICAN STANDARD PROPERTY AND CASUALTY INSURANCE AGENCY, INC.**

Principal Place of Business

17088 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH FL 33160

Mailing Address

17088 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH FL 33160

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

08/31/1995

5. FEI Number

65-0617483

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	STARR, GLEN	17088 WEST DIXIE HIGHWAY	NORTH MIAMI BEACH FL 33160
DV	STARR, ANDREE	17088 WEST DIXIE HIGHWAY	NORTH MIAMI BEACH FL 33160

200002345162--6  
-11/12/97--01098--011  
\*\*\*165.00 \*\*\*165.00

*11/10*

8. Name and Address of Current Registered Agent

STARR, GLEN  
17088 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH FL 33160

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11-4-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-4-97 949-9005  
305

CR2E040 (8/97)

## GARY R. EDWARDS

TAX ACCOUNTANT  
20801 BISCAYNE BLVD. #429  
AVENTURA, FL. 33180 DADE

Telephone 305 947-2121  
Fax 305 931-3356

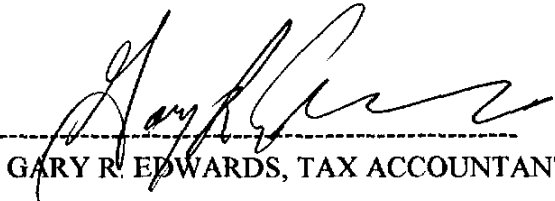
NOVEMBER 5, 1997

RE: P 95000067586 & L 59134/ 1997

FLA. DEPT. OF STATE  
DIVISION OF CORPORATIONS  
REINSTATEMENT DEPT.  
TALLAHASSEE, FL32314

TO WHOM IT MAY CONCERN:

BOTH ENCLOSED CORPORATIONS FILED THE ANNUAL REPORT ON  
A TIMELY BASIS, ALONG WITH THE CORRECT PAYMENT.  
THE ONLY EXPLANATION FOR THE NEED TO REINSTATE IS THAT  
WANT THEY MAILED GOT LOSE. BY WHO, I DONT KNOW, BUT IT WAS  
MAILED ON TIME. PLEASE ACCEPT THE CORRECT CHECK AND  
REINSTATE BOTH CORPORATION.



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GARY R. EDWARDS, TAX ACCOUNTANT