

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

1998 NOV 23 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000091297

1. Corporation Name

SOUTH MIAMI INSURANCE CONSULTANTS, INC.

Principal Place of Business

7485 SW 8 ST.
MIAMI FL 33144

Mailing Address

7485 SW 8 ST.
MIAMI FL 33144



REINSTATEMENT

SCC 11-23-98

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

| | | | | | |
|--|--|--|--|--|--|
| 2. New Principal Office Address, if Applicable | | 3. New Mailing Office Address, if Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 11/30/1995 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Zip | | 65-0622558 | |
| Country | | Country | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 |
|------------|-------------------------------------|---|----------------------|
| ST | CRUZ, IVETTE | 9220 S.W. 48TH STREET | MIAMI FL 33125 |
| P | CARRENO, ABEL R | 10744 N. KENDALL DRIVE APT. M-17 | MIAMI FL 33176 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

300002698573--6
-12/01/98--01031--002
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

| | | | |
|--|--|---|--|
| CARRENO, ABEL R 10744 N. KENDALL DR #M-17 MIAMI FL 33176 | | Name ABEL R. CARRENO Street Address (P.O. Box Number is Not Acceptable) 1800 SW 76th Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33155 | |
|--|--|---|--|

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 | REQUIRED | Date | 11-18-98 |
|-------------------------------|-----------------|------|----------|

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: | REQUIRED | Date | 11-18-98 | Daytime Phone # | 305-266-4155 |
|------------|-----------------|------|----------|-----------------|--------------|