

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
• FOR
REINSTATEMENT



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

FILED

96 NOV -5 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000093655**

1. Corporation Name

SHELDON ACKERMAN INSURANCE, INC.

Principal Place of Business

18151 N.E. 31ST COURT
PENTHOUSE 207
N MIAMI BEACH FL 33160

Mailing Address

18151 N.E. 31ST COURT
PENTHOUSE 207
N 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

AVENTURA

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

AVENTURA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/1995

5. FEI Number

65-0633484

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
P	SHELDON ACKERMAN	18151 NE 31 COURT PENTHOUSE 207	AVENTURA, FLORIDA 33160

000002002920--3
11/13/96 01100 017
***375.00 ***375.00

8. Name and Address of Current Registered Agent

ACKERMAN, SHELDON
18151 N.E. 31ST COURT
PENTHOUSE 207
N 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

AVENTURA

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date **NOVEMBER 1, 1996**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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: **SHELDON ACKERMAN** 11/1/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cell

Daytime Phone #