

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP -3 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000016207**

1. Corporation Name

General Insurance Agency, Inc.

2. Principal Office Address

551 S. Military Trail

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 210397

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33415

Country

USA

Zip

33421

Country

USA.

4. Date Incorporated or Qualified
To Do Business in Florida

January 1996

5. FEI Number

65-0654854

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bruce M. Gottlieb

100022727854
09/03/03--01028--006 **490.00

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

125 North 46th Avenue

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

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

REGISTERED AGENT MUST SIGN

Date

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	Michael J. Nascarello, Sr.	13337 LaMirada Circle	Wellington, FL 33414

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:

Michael J. Nascarello, Sr.

8-25-03

(561) 906-6738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

2/3

GIA

GENERAL INSURANCE AGENCY

551 South Military Trail ~ West Palm Beach, FL. 33415 ~ (561) 615-9088
Phone (561) 615-9088 ~ Fax (561) 615-9087

August 25, 2003

To Whom It May Concern,

I am writing to inform you of my intent to reinstate my corporation, General Insurance Agency, Inc. Due to an error at your office, my updated mailing information was never processed and no renewal paperwork was ever received. I spoke with a representative in your office and was advised to send this letter along with a reinstatement request and a check for \$450.00.

Please see to it that my information is updated accordingly to avoid any future problems. If necessary I can be reached at (561)906-6738 anytime.

Sincerely,



Michael J. Nascarella, Sr.
President