PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 DEC 29 PM 2:58

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P96000022390

1 Corporation Name
Transporation Insurance Specialists, Inc.

Principal Place of Business / Mailing Address
930 S. Harbor City Blvd.
Suite 400
Melbourne, FL 32901

97-99

REINSTATEMENT

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
1420 Gemini Blvd.	
Suite, Apt. #, etc. 6	Suite, Apt. #, etc.
City & State Orlando, FL	City & State
Zip 32809 Country U.S.	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 03/06/1996

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	Elvira Trujillo	1420 Gemini Blvd #6	Orlando FL 32809
V-PRES	Elvira Trujillo	" " "	" "
TREAS	Elvira Trujillo	" " "	" "
SEC	Edwin Trujillo	" " "	" "

8. Name and Address of Current Registered Agent
Anderson, J. Patrick
930 S. Harbor City Blvd.
Suite 400
Melbourne, FL 32901 US

9. Name and Address of New Registered Agent
Name: Elvira Trujillo
Street Address (P.O. Box Number is Not Acceptable): 1420 Gemini Blvd
Suite, Apt. #, Etc.: 6
City: Orlando State: FL Zip Code: 32809

CR2E040 (1-96)

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: Elvira Trujillo — Date: 12-29-99
REGISTERED AGENT MUST SIGN

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: Elvira Trujillo — 12-29-99 — 1.800.986.3622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1 AD