

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

97 DEC 11 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000057035

1. Corporation Name  
AVENTURA INSURANCE GROUP, INC.

Principal Place of Business  
3615 NE 207TH ST. STE 3112  
AVENTURA FL 33180

Mailing Address  
3615 NE 207TH ST. STE 3112  
AVENTURA FL 33180



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.		07/02/1996	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0780111	
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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	JAMES MICHAEL WEINSTEIN	3615 NE 207TH ST #3112	AVENTURA FL 33180

800002373958--6  
-12/16/97--01107--002  
\*\*\*\*165.00 \*\*\*\*165.00

Handwritten initials and date: JB 12-12-97

8. Name and Address of Current Registered Agent

9. Name and Address of Now Registered Agent

WEINSTEIN, JAMES M  
3615 NE 207TH ST. STE 3112  
AVENTURA FL 33180

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
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: [Handwritten Signature]  
REGISTERED AGENT MUST SIGN

Date: 11/13/97

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)(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: [Handwritten Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11/13/97 Daytime Phone #: 904-988-2282

CR2000 (8/97)

(2)

AVENTURA INSURANCE GROUP, INC.  
P.O. Box 800347  
AVENTURA, FL 33280  
JAMES MICHAEL WEINSTEIN, PRESIDENT

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11/13/97

To Whom it may Concern,

This letter is to inform you that I never received your request for payment of \$165.00 for my annual fees. I'm sorry there was a mix-up but the Aventura Insurance Group, Inc. should still be a working corporation. As Amy Allen explained to me this needs to be done by May first. Hopefully this problem will not occur again. Enclosed please find my check for \$165.00, let me know if you need anything else from me.

Additionally, please send me an acknowledgment letter confirming that you received my check and all is O.K.

Thanks for your help

*James Weinstein*  
President