

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 APR 21 AM 9:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000057035
 1. Corporation Name
AVENTURA INSURANCE GROUP, INC.

Principal Place of Business 9615 NE 207TH ST. STE 3112 AVENTURA FL 33180	Mailing Address PO BOX 80-0347 AVENTURA FL 33280
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3605 NE 207th St.	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 07/02/1996
Suite, Apt. #, etc. #4110	City & State Aventura, FL	5. FEI Number 65-0780111
City & State Aventura, FL	Zip 33180	Applied For Not Applicable
Country USA	Country	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	4 City / State / Zip
P	WEINSTEIN, JAMES MICHAEL	9615 NE 207TH ST. #3112 3605 NE 207th St., #4110	AVENTURA FL 33180
			400003236184--8 -05/03/00--01018--021 ****300.00 ****300.00
			99-00 AR TS

8. Name and Address of Current Registered Agent WEINSTEIN, JAMES M 9615 NE 207TH ST. STE 3112 AVENTURA FL 33180	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3605 NE 207th St. Suite, Apt. #, Etc. #4110 City Aventura State FL Zip Code 33180
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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** _____ Date _____
 REGISTERED AGENT MUST SIGN

11. 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: *[Signature]* **SIGNATURE REQUIRED** JAMES M. WEINSTEIN 4/3/00 (35) 983-2282
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/99)

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AVENTURA INSURANCE GROUP, INC.
P. O. BOX 80-0347
AVENTURA, FL 33280-0347
(305) 933-2282

April 3, 2000

Division of Corporations
Annual Reports/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Re: **Aventura Insurance Group, Inc.**
Document No. P96000057035
FEIN: 65-0780111

Gentlemen:

Pursuant to my telephone conversation with Mr. Tyrone of your office, I am hereby respectfully requesting that due to various circumstances, which includes not receiving the annual reports because of a change of address, and further due to the financial hardship that my small company is experiencing, that the late fee be waived and that my corporation be reinstated.

Accordingly, enclosed please find the Application for Reinstatement, together with my check in the sum of \$300.00.

Thank you for your prompt attention and anticipated cooperation in this matter. If you should have any questions or should need any additional information, please advise.

Sincerely,

AVENTURA INSURANCE GROUP, INC.



James M. Weinstein, President

Enclosures