

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN 24 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA6000045244

1. Corporation Name

GENERIC INSURANCE AGENCIES OF North Central FL, Inc.

2. Principal Office Address

330 NE 39th AVE

Suite, Apt. #, etc.

Suite B

City & State

GAINESVILLE, FL

Zip

32609

Country

USA

3. Mailing Office Address

330 NE 39th AVE

Suite, Apt. #, etc.

Suite B

City & State

GAINESVILLE, FL

Zip

32609

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/96

5. FEI Number

593391186

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NIRIO J. RUBIERA

000003655880-7

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

3828 NW 65th AVE

-02/07/01--01038--013

***158.75 ***158.75

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32653

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 10-31-00

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
VP	Walter A. Rubiera	1004 NW 104th TERRACE	GAINESVILLE, FL 32609
P	NIRIO J. Rubiera	3828 NW 65th AVE	GAINESVILLE, FL 32653

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NIRIO J. RUBIERA

Date

10/31/00

Daytime Phone #

352.371.6667

CR2081 (9/99)



November 2, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Friend,

This letter is intended to relate the facts as to the missed payment of the Annual Reports and the subsequent cancellation of the corporation Generic Insurance Agencies of North Central Florida Inc., with tax identification number 59-3391186.

The corporation moved to a new location and is no longer headquartered at 3900 North Main St. Gainesville, FL 32609. The address change was sent in but apparently the mail to address was left as above. The new location address and mailing address is 330 N.E. 39th Ave. Suite B Gainesville, FL 32609.

I wanted to make mention of this in order that Divisions of Corporations might see to it that the corporation named is not penalized for the reinstatement fee disclosed in the adhering form. We did make a professional attempt to notify your office of the changes but made an honest mistake. Please review this reinstatement with the above information as an integral part of this request for reinstatement. Thank you for your attention to this material.

Sincerely,

Nirio J. Rubiera, its Registered Agent