

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000079502

1. Corporation Name

GONZALEZ & ZUNIGA INSURANCE AGENCY, INC.

Principal Place of Business

2355 W 52ND STREET
HIALEAH FL 33016
US

Mailing Address

2355 W 52ND STREET
HIALEAH FL 33016
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3165B West 4 Ave
Suite, Apt. #, etc.
Hialeah FL.

City & State
33010

Zip Country

3. New Mailing Office Address, If Applicable

3165B West 4 Ave
Suite, Apt. #, etc.
Hialeah FL

City & State
33012

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/1996

5. FEI Number

65-0700899

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DVT	ZUNIGA, LUCILA	3442 SW 23 ST. New Address 465 W PARKDRIVE # 5 Miami, FL 33172	MIAMI FL 33145 Miami FL 33172

8. Name and Address of Current Registered Agent

ZUNIGA, LUCILA
3442 SW 23RD STREET
HIALEAH FL 33145

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10-24-00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-24-00 305 818-1818