

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED

00 FEB 18 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PA7000017567**

1. Corporation Name

**CONDOR Insurance Inc.**

Principal Place of Business

Mailing Address

**3013 SW 107 Ave  
MIAMI, FL. 33165**

SP

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

**97**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

**65-0731911**

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Jorge Garcia	15211 SW 144 ST	Miami / FL / 33196
President	KATHERINE Garcia	15211 SW 144 ST	Miami / FL / 33196

**800003157129--3**

**-03/03/00--01104--021**

**\*\*\*\*450.00 \*\*\*\*450.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Jorge Garcia  
15211 SW 144 ST  
Miami, FL. 33196**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

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

REGISTERED AGENT MUST SIGN

Date **2-16-00**

11. This corporation owes 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:

**Jorge Garcia**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2-16-00 (305) 222-8171**

Daytime Phone #

P97000017567

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**CONDOR INSURANCE**  
**3013 SW 107 AVE**  
**MIAMI, FL. 33165**  
**(305) 222-8171 FAX (305) 222-4979**

February 16, 2000

**DIVISION OF CORPORATIONS**  
**409 EAST GAINES STREET**  
**TALLAHASSEE, FL. 32399**

To Whom It May Concern:

As per your request I'm submitting in writing that for the past two years I have not filed The annual report for my company due to the fact that I was not aware that this filing had to be done on a yearly basis. When I established the corporation the e address listed as principal business was not ready therefore I had to relocate to a new address the same, which I submitted, and address change to your department. When I called your office you notify me that you had been sending the documents to be filed to the old address even though I sent an address change. Please accept my sincere apology for not being knowledgeable of the filings every year and am requesting that you please waive the penalty fee and accept my reinstatement request. I am enclosing the \$450.00 for this process.

Thank you for your cooperation.

Sincerely,



Jorge Garcia