

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR 21 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P97000018098*

1. Corporation Name
*C.N.A. New Insurance
Agency Inc.*

Principal Office Address <i>5368 W 12 Ave</i>		3. Mailing Office Address <i>Same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Hialeah Fla</i>		City & State <i>Florida</i>	
Zip <i>33012</i>	Country <i>U.S.A</i>	Zip	Country <i>USA</i>

REINSTATEMENT

99-00

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <i>650731152</i>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name <i>Elsa Jo</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>3157 SW 139 PL</i>			
Suite, Apt. #, Etc.			
City <i>Miami</i>	State FL	Zip Code <i>33175</i>	

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 Agent *[Signature]* Date *4/20/2000*
REGISTERED AGENT MUST SIGN

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	
<i>2D</i>	<i>Adlay Lago</i>		<i>3157 SW 139 PL</i>		<i>Miami Fla 33175</i>	
					LS	

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: *Adlay Lago* Date *4/20/00* (305) 828 0677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #