

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P97000024785

1. Corporation Name

INSARE CORPORATION

Principal Place of Business

3677 HERON RIDGE LANE  
FT. LAUDERDALE, FL. 33331

Mailing Address

3677 HERON RIDGE LANE  
FT. LAUDERDALE, FL. 33331

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

2. New Principal Office Address, If Applicable

3677 HERON RIDGE LANE  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3677 HERON RIDGE LANE  
Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL.

City & State

FT. LAUDERDALE, FL.

Zip

33331

Country

Zip

33331

Country

REINSTATEMENT 98-99

4. Date Incorporated or Qualified  
To Do Business in Florida

3/14/1997

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SB 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
D,P	HENRY A. BECERRA	3677 HERON RIDGE LANE	FT. LAUDERDALE, FL. 33331
D,S	ELIZABETH S. OCHOA	3677 HERON RIDGE LANE	FT. LAUDERDALE, FL. 33331
			200003070972--7 12/15/99 01054 001 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

HENRY A. BECERRA  
3677 HERON RIDGE LANE  
FT. LAUDERDALE, FL. 33331

9. Name and Address of New Registered Agent

Name  
HENRY A. BECERRA  
Street Address (P.O. Box Number is Not Acceptable)  
3677 HERON RIDGE LANE  
Suite, Apt. #, Etc.  
City  
FT. LAUDERDALE  
State  
FL  
Zip Code  
33331

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 11/10/99

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 re-statement 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/99 (786) 389-7141

Date

Daytime Phone #

CR2E001 (12/98)