·	PLEASE READ A	ALL INSTRUCT	TIONS BI	EFORE	COMPLET	ING THIS FOR	RM.	
	PLICATION FOR STATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State Division of corporations			1			
DOCUMENT # <b>P9800006233</b> 1. Corporation Name						99 OCT 26 PM 12: 07		
2000 INSURANCE ASSOCIATES OF SO. FL. INC.								
Principal Place of Business  11401 S.W. 40TH STREET #348 3.0 8 MIAMI FL 33165		Malling Address  11401 S.W. 40TH STREI #213 30 3  MIAMI FL 33165						
tf above addresses are incorrect in any way, line through incorrect information and enter correction below REINSTATEMENT 99  2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified							<u> 99</u>	
Suite, Apt.	16	3. New Mailing Office Address, If Applicable // 10 5 Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Floride 01/21/1998  5. FEI Number Applied For			
City & State  Zip Country		City & State  Miami  Zip	Country		6. 0807251 Not Applicable			
		33/65					for a Certificate of Status	
Title(s)	Name of Officers and/or Directors 2	3	Street Address of Each Officer and/or Director		ch	City / State / Zip		
D FERNANDEZ, ALTAGRACIA		14240	14240 C.W. 11711 LAVE		•	MAMI FLESIES		
D AIFREDO CARRAZO		0 113	1134 SW 140 Pl			Hiani	FI. 33184	
					60	-11/04/99-	58661 -01103001 5 ****758.75	
8. Name and Address of Current Registered Agent Name					9. Name and A	Address of New Registe	red Agent	
FERNANDEZ, ALTAGRACIA 11401 S.W. 40TH STREET				Street Address (P.O. Box Number is Not Acceptable)				
#348" 708 MIAMI FL 33185				Suite, Api. #, Etc.  City  State  State  FL  State  State  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 Date 10/20/99  REGISTERED AGENT MUST SIGN								
this rein	that I am an officer or director or the receive statement application, the reason for disso the corporation have been paid and the ne application is true and accurate, and my sig	lution has been eliminated ames of Individuals listed	d, the corporate on this form d	name satisfie o not qualify fo	s the requirements or an exemption un	of section 607.0401 or 6	17.0401, F.S., that all fees	

AD

10/20/99 Date Daytime Phone #