

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN -7 PM 12:20

DOCUMENT # P98000026651

1. Corporation Name

FINANCIAL INSURANCE BROKERS, INC.
5035 SW 113 AV
MIAMI, FL. 33165

2. Principal Office Address

5035 SW 113 AV.

3. Mailing Office Address

P.O. Box 1516

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL.

City & State

Coral Gables, FL.

Zip

33165 USA

Zip

33114 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0821998

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jose M. Perez de Corcho

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

5035 SW 113 AV

Suite, Apt. #, Etc.

700004435567-8

-06/21/01--01083--025

****450.00 ****450.00

City

Miami

State

FL

Zip Code

33165

8. 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
Registered Agent

REGISTERED AGENT MUST SIGN

Date 6/5/2001

9. 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
P	Jose M. Perez de Corcho	5035 SW 113 AV.	Miami, FL. 33165

10. 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:

Jose M. Perez de Corcho
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/2001
Date

305-510-9267
Daytime Phone #

CR2E081 (9/00)