

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 1999-2006 Doc

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida **04/24/1998**

5. FEI Number **65-0831558** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000037967

1. Corporation Name
Insurance Mart Inc.

2. Principal Office Address **5040 NW 7th Street**

Suite, Apt. #, etc. **Suite 800**

City & State **Miami, FL**

Zip **33126** Country **US**

3. Mailing Office Address **5040 NW 7th Street**

Suite, Apt. #, etc. **Suite 800**

City & State **Miami, FL**

Zip **33126** Country **US**

7. Name and Address of Current Registered Agent

Name **Jose I. Gonzalez**

Street Address (P.O. Box Number is Not Acceptable) **5040 NW 7th Street**

Suite, Apt. #, Etc. **Suite 800**

City **Miami** State **FL** Zip Code **33126**

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 **March 22, 2006**

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
D	Jose I. Gonzalez	5040 NW 7th St, Ste. 800	Miami, FL 33126

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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 contained in Chapter 119, 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 I. Gonzalez** **03/22/2006** **(305)447-8404**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #