

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 OCT 27 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000039495

1. Corporation Name

CARTAYA INSURANCE APPRAISERS, INC.

Principal Place of Business

10360 S.W. 137TH COURT  
MIAMI FL 33186

Mailing Address

10360 S.W. 137TH COURT  
MIAMI FL 33186

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/01/1998

5. FEI Number

650848713

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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	4 City / State / Zip
D	CARTAYA, JUAN CARLOS	10360 S.W. 137TH COURT	MIAMI FL 33186

200003034662--9  
-11/04/99--01033--004  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

~~DE LA CHA, MARCO EGO.~~  
~~10360 S.W. 137TH COURT~~  
~~MIAMI FL 33186~~

9. Name and Address of New Registered Agent

Name  
JUAN CARLOS CARTAYA  
Street Address (P.O. Box Number is Not Applicable)  
14629 SW 104 STREET  
Suite, Apt. #, Etc.  
PMB 7 338  
City  
MIAMI  
State  
FL  
Zip Code  
33186

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 10-20-99

11. 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 debts satisfy 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

JUAN CARLOS CARTAYA

Date

10-20-99

Daytime Phone #

308-382-4373

**Cartaya  
Insurance  
Appraisers, Inc.**

APPRaiser • LOSS CONSULTANT • UMPIRE

10360 S.W. 137th Court • Miami, FL 33186

Phone: (305) 382-4373

October 20, 1999

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Fl. 32314-6327

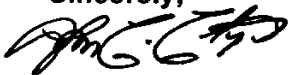
RE: Corporation : Cartaya Insurance Appraisers, Inc.  
Location : 10360 S.W. 137th Court  
Miami, Florida 33186

To whom it may concern:

Per your offices request please see the attached check in the amount of \$150.00 for the renewal fees applicable. As directed by your office, please waive the administrative revocation fee, since we did not receive the first renewal notice.

Thank you in advance for your anticipated cooperation in this matter. If you have any further questions please contact our office.

Sincerely,



Juan C. Cartaya  
Appraiser