

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



99-00 UBR
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -2 AM 11:01

DOCUMENT # P98000044873

1. Corporation Name

New Horizons Insurance Consultants, In.

2. Principal Office Address

6941 Carlyle Ave.,

3. Mailing Office Address

1421 SW., 8th St.

Suite, Apt. #, etc.

#303

Suite, Apt. #, etc.

Suite #2

City & State

Miami Beach, Fl.

City & State

Miami, Fl.

Zip

33141

Country

Dade

Zip

33135

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

May 27, 1998

5. FEI Number

65-0837748

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

Angela Jaraique

000003266390-8

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

6941 Carlyle Avenue,

-05/25/00--01038--012

****300.00 ****300.00

Suite, Apt. #, Etc.

Apartment #303

City

Miami Beach

State
FL

Zip Code
33141

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

Angela Jaraique

REGISTERED AGENT MUST SIGN

Date

4-25-00

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/D	Angela Jaraique	6941 Carlyle Ave.	Miami Beach, Fl. 33141
			AD

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:

Angela Jaraique

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00 305-860-8382

Date

Daytime Phone #