

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10F2

APPLICATION FOR  
**REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Authenticating Division  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000064535**

1. Corporation Name

**ACTIVE INSURANCE GROUP, INC.**

Principal Place of Business

Mailing Address

10450 SW 42 TERRACE  
MIAMI FL 33165

10450 SW 42 TERRACE  
MIAMI FL 33165

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/22/1998

5. FEI Number

65-0854798

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	FERNANDEZ, OFFIR	10450 SW 42 TERRACE	MIAMI FL 33165

000003448030--5  
11/01/00--01/25--020  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FERNANDEZ, OFFIR  
10450 SW 42 TERRACE  
MIAMI FL 33165

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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]*

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

10/16/00

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 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:

*[Signature]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/00 305  
225-3001

KE

CR2E040 (8/00)

**A c t i v e**  
**Insurance Group Inc.**

20F2

Florida Department of State  
division of corporations  
att.Mr. John.

Dear Mr. John.

As per our telephone conversation please find the only notification that I received to renew my corporation. I got this notice last Friday October, 13 2000 and is the only paper I received from you this year.

Attached I am sending you \$150.00 to reinstate my corporation, just like you advised me to due.

If you need anything else please don't hesitate to contact me.

Thanks for your help.

Sincerely,

  
Offir Fernandez  
President