

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 26 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000074933

1. Corporation Name

ALL CITY INSURANCE BEAUCA, INC.

REINSTATEMENT 00-04

900031282219

03/26/04--01079--020 **1350.00

2. Principal Office Address

16155 S.W. 117 AVENUE

3. Mailing Office Address

16155 S.W. 117 AVENUE

Suite, Apt. #, etc.

B-15

Suite, Apt. #, etc.

B-15

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33177

Country

MIAMI-DADE

Zip

33177

Country

MIAMI-DADE

4. Date Incorporated or Qualified
To Do Business in Florida 8/25/98

5. FEI Number

650593399

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

FEDERICO BRITOS

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

8475 BIRD ROAD.

Suite, Apt. #, Etc.

MIAMI FLORIDA

City

State
FL

Zip Code
33155

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

Date 03/19/04

REGISTERED AGENT MUST SIGN

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	LEONARD BOATWRIGHT	8475 BIRD ROAD	MIAMI FL 33155
D	GREGORY CAREY	8475 BIRD ROAD	MIAMI FL 33155
D	GUSTAVO BRITOS	8475 BIRD ROAD	MIAMI FL 33155

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:

LEONARD BOATWRIGHT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/04

Date

305-971-8960

Daytime Phone #

CR2E081 (01/01)