

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 OCT 26 AM 11:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000088374

1. Corporation Name

MIAMI ASSURANCE GROUP, INC.

2. Principal Office Address

1160 WEST 13TH ST

Suite, Apt. #, etc.

City & State

RIVIERA BEACH FL

Zip
33404

Country
USA

3. Mailing Office Address

PO BOX 9965

Suite, Apt. #, etc.

City & State

RIVIERA BEACH FL

Zip
333404

Country
USA

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/15/1998

5. FEI Number

65-0871265

☒ 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

ENRIQUE GONZALEZ

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

1160 WEST 13TH ST

Suite, Apt. #, Etc.

City

RIVIERA BEACH

State

FL

Zip Code

33404

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

Enrique Gonzalez
REGISTERED AGENT MUST SIGN

Date **10/18/06**

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
PVPS	ENRIQUE GONZALEZ	1160 WEST 13TH ST	RIVIERA BEACH FL 33404
D	EDUARDO VEGA DE LA	19848 SW 74TH PLACE	PEMBROKE FL 33029

200091630222
11/08/06--01032--011 **300.00

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:

Enrique Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/06

Date

Daytime Phone #

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS OF 2005, AND 2006 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

Enrique Gonzalez
PLV/als Enrique Gonzalez