

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



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

FILED

02 MAR -4 PM 12: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01-02

DOCUMENT # P98000094364

**1. Corporation Name**

BORMAR Agency CORP.  
14050 West Dixie Highway  
N. MIAMI FL, 33161

**2. Principal Office Address**

14050 West Dixie High  
Suite, Apt. #, etc.

**3. Mailing Office Address**

SAME  
Suite, Apt. #, etc.

**City & State**

N. MIAMI, FL

Zip Country

33161 USA

**City & State**

Zip Country

33161 USA

**REINSTATEMENT**

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

11/05/1998

**5. FEI Number**

65-0872567

**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**

Abel Gilles

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

130 NW 192 Street

**Suite, Apt. #, Etc.**

**City**

Miami

**State**

FL

**Zip Code**

33169

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-03/14/02--01052--008

\*\*\*308.75 \*\*\*308.75

**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

Abel Gilles

REGISTERED AGENT MUST SIGN

Date 02-28-2002

**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
MGR	Abel Gilles	130 NW 192 st	Miami, FL, 33169
VP	Marie S. Gilles	130 NW 192 st	Miami, FL, 33169

**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:

Abel Gilles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-28-2002

Date

Daytime Phone #

CR2E081 (9/01)

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**Bormar Agency.Corp**

14050 WEST DIXIE HIGHWAY  
N. MIAMI, FL 33161  
PHONE: (786) 439 1301  
FAX: (786) 439 1302

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February 28, 2002

**Division of Corporations,**

**Registration Section**  
P.O.Box 6327  
Tallahassee, FL 32314

Dear Sir,

\_\_\_\_\_ This is to inform you that the agency: **Bormar Agency.corp** is already moved to a new \_\_\_\_\_  
location. Please add this new address and phone number to your record as quick as possible.


**14050 WEST DIXIE HIGHWAY**

**N. MIAMI, FL 33161**

**PHONE: (786) 439 1301**

**FAX: (786) 439 1302**

**Sincerely,**



ABEL GILLES

Manager