

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION**  
**Annual Report**  
**1999-2000**



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

FILED

00 MAR 16 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000099380**

1. Corporation Name

**Statewide Assurance, Inc.**

2. Principal Office Address

**7317 SW 97 Ave**

Suite, Apt. #, etc.

3. Mailing Office Address

**7317 SW 97 Ave**

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

**Miami, FL**

Zip

**33173**

Country

**USA**

Zip

**33173**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**09/20/99 90004 023 \$550.00**

7. Name and Address of Current Registered Agent

Name

**Ania Polanco**

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

**7317 SW 97 Ave**

Suite, Apt. #, Etc.

**Miami**

City

**Miami**

**800003204768**

**-04/11/00--01139--03**

**\*\*\*\*158.75 \*\*\*\*158.75**

State  
**FL**

Zip Code

**33173**

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

**Ania Polanco**

REGISTERED AGENT MUST SIGN

Date **3-14-00**

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
<b>PD</b>	<b>Ania Polanco</b>	<b>7317 SW 97 Ave</b>	<b>Miami, FL 33173</b>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ania Polanco**

Date

**3-14-00**

Daytime Phone #

**(305) 270-9100**

STATEWIDE ASSURANCE, INC.  
7317 SW 97 AVENUE  
MIAMI, FL 33173

ANIA POLANCO  
6540 SW 92 AVENUE  
MIAMI, FL 33173

REF: STATEWIDE ASSURANCE, INC.  
P98000099382

PLEASE BE ADVISED THAT ON SEPTEMBER, 1999, I SENT OUT THE \$550.00 WITH THE 1999 NOTICE, AND NEVER RECEIVED ANY NOTIFICATION BACK. I WOULD LIKE THE ADDITIONAL LATE FEE TO BE WAVED.

THANK YOU,

  
ANIA POLANCO