

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUL 25 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P9900005731

1. Corporation Name

Hallandale Insurance Agency Inc.
1107 E Hallandale Beach Blvd
Hallandale, Fl 33009
954-456-2600

2. Principal Office Address

same

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

1/15/99

5. FEI Number

65-0888223

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

Helen Routhier

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

1107 E Hallandale Beach Blvd

Suite, Apt. #, Etc.

City

Hallandale

State

FL

Zip Code

33009

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

Helen Routhier
REGISTERED AGENT MUST SIGN

Date 7/18/2001

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
Helen Routhier		same	LS
President		1107 E. Hallandale Beach Blvd.	Hallandale, Fl 33009

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)(f), 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:

Helen Routhier President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/2001

Date

954-456-2600

Daytime Phone #

CR2E031 (8/00)



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Hallandale Insurance Agency Inc.
1107 E Hallandale Beach Blvd
Hallandale, FL 33009

Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

Re: Uniform Business Report

Gentlemen:

I have no record of receiving or paying for the report for the 2001 renewal year. I have enclosed a signed form which I took off the internet. My partner, Alesia Carballosa Gutierrez, Inc. did not receive hers either. She got a second notice from you and it is also enclosed.

We have both enclosed a check for \$150 and ask for your indulgence to waive the penalty for late filing.

Thank you for your kind attention.

Sincerely,

Helen Routhier