

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION REINSTATEMENT

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

letter

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 DEC 14 PM 1:54

DOCUMENT # **P99000035327**

1. Corporation Name

AGENTS INSURANCE RESOURCES, INC.

Principal Place of Business

Mailing Address

362 MINORCA AVE
 CORAL GABLES FL 33134

362 MINORCA AVE
 CORAL GABLES FL 33134



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

03-01-01 90577 001 \$ 150.00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/19/1999	
City & State		City & State		5. FEI Number 651196704	
Zip		Zip		APPLIED FOR	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WEINER, MORTON D	362 MINORCA AVE	CORAL GABLES FL 33134
D	GODWIN, HENRY C JR.	7707 S.W. 181 TERRACE	MIAMI FL 33157
D	WEINER, JEFF B	5605 S.W. 85TH STREET	CORAL GABLES FL 33156
D	CABEZA, FRANK D	1143 ALHAMBRA CIRCLE	CORAL GABLES FL 33134

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GODWIN, HENRY C JR. 362 MINORCA AVE CORAL GABLES FL 33134		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]* **SIGNATURE REQUIRED** Date: 12/10/01
 REGISTERED AGENT MUST SIGN

11. 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]* **SIGNATURE REQUIRED** Date: 12/10/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: HENRY C. GODWIN, JR. Daytime Phone #: 305 444-2324

CR2040 (801)

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AGENTS INSURANCE RESOURCES, INC.
362 MINORCA AVENUE
CORAL GABLES, FL. 33134

TEL: (305) 444-2324
FAX: (305)-444-4980

October 18, 2001

Division of Corporations
Annual Report/Reinstatement Section
P O Box 6327
Tallahassee, Fl. 32314-6327

RE: Document #P99000035327

Gentlemen:

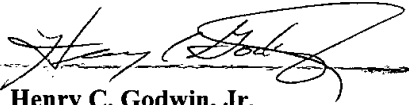
We acknowledge receipt of your application for reinstatement. We never received any other documents to cause this termination.

Enclosed is copy of SS-4 form requesting tax Id number.

Please waive any penalty. Our payment was made on January 10, 2001.

Your prompt attention to this matter, would be appreciated.

Sincerely,



Henry C. Godwin, Jr.
Agent

Encl