

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

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DOCUMENT # **P99000098045**

1. Corporation Name

NISER INSURANCE AGENCY INCORPORATED

00 NOV 15 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

7951 SW 186 STREET
MIAMI FL 33157

7951 SW 186 STREET
MIAMI FL 33157



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

650966904

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	NISER, MOHAMED	7951 SW 186 STREET	MIAMI FL 33157

4000003487684--3
-12/05/00--01068--006
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NISER, MOHAMED
7951 SW 186 STREET
MIAMI FL 33157

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

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 REQUIRED

Date **11/13/00**

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 REQUIRED
Mohamed Niser

11/13/00

Date

Daytime Phone #

CR2040 (8/00)

Niser Insurance Agency Inc.

7951 SW 186th Street
Miami FL 33157

Phone 305-971-9411

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November 13, 2000

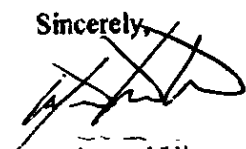
Florida Department of State
Division of Corporation
Annual Reinstatement
PO BOX 6327
Tallahassee FL 32314-6327

Document # P99000098045

Dear Representative,

Attached is an application for reinstatement, I was instructed to attach a letter explaining that we filed for this corporation on Nov., 5, 1999, but did not receive the acceptance till mid December and did not receive any annual report to return to the State. In lieu of this we called and were told to explain and attach a check for \$150.. Please accept the filing fee. Also, should we expect for the situation to be similar in the 2001 year, because of the late correction. If this is the case, I will call in April and verify the forms have been processed if not received by then.

Sincerely,


Mohamed Niser
President

Enclosures:

Check for \$150
Application for Reinstatement