

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 OCT 28 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S49115**

1. Corporation Name **J & Z Insurance Agency INC**

Principal Place of Business **1693 NW 27th Ave
MIAMI FL 33125**

Mailing Address **1693 NW 27th Ave
MIAMI FL 33125**

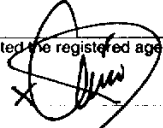
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0272772	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
President	JUAN C. CARVAJALINO	20805 NW 15th St	Pembroke Pine FL 33029
Vice Pres	KATHERINE J. CARVAJALINO	20805 NW 15th St	Pembroke Pine FL 33029

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name JUAN C. CARVAJALINO	
		Street Address (P.O. Box Number is Not Acceptable) 20805 NW 15th St	
		Suite, Apt. #, Etc.	
		City Pembroke Pine	State FL
		Zip Code 33029	

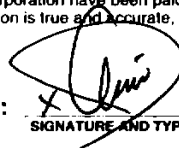
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  Date **10/25/99**

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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

Date **10/25/99** 305-984-6484 Daytime Phone #

J & Z

INSURANCE AGENCY, INC.

AUTO • TRUCK • COMMERCIAL • PIP/PD • COLLISION • SR-22 • HOME

Tel.: (305) 635-2800

Fax: (305) 636-3002

OCT 25, 1999

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I AM SUBMITTING THIS APPLICATION OF REINSTATEMENT OF MY CORPORATION, PLEASE WAIVE THE LATE FEE AS A ONE TIME CORTESY, DUE TO THE FACT THAT I DID NOT RECEIVE THE ANNUAL REPORT.

IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CALL ME.



JUAN C. CARVAJALINO
PRESIDENT.