

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S69910

1. Corporation Name

MAXIMUM PROTECTION INSURANCE CONSULTANTS, INC.

Principal Place of Business

Mailing Address

14680 NW 17th AVENUE  
MIAMI, FL. 33168

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

2. New Principal Office Address, If Applicable  
14680 NW 7TH AVE.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI, FL.

City & State

Zip

33168

Country  
USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/26/91

5. FEI Number  
65-0271788

Applied For

Not Applicable

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)

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
P	ZIZI, EMMANUEL	14781 S. RIVER DRIVE	MIAMI, FL. 33168
V/P	ZIZI, MARIE F	14781 S. RIVER DRIVE	MIAMI, FL. 33168

700002315487--8  
-10/08/97-01116-007  
\*\*\*\*923.75 \*\*\*\*923.75

8. Name and Address of Current Registered Agent

ZIZI, EMMANUEL  
14781 S RIVER DRIVE  
MIAMI, FL. 33168

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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

(305) 681-8181  
Daytime Phone #

CR2E040 (12/96)