

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

03 APR 15 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 365017

1. Corporation Name
SEARSTOWN INSURANCE, INC.

[Handwritten Signature]

| | | | |
|----------------------------------------------|----------------|--------------------------------------------|----------------|
| 2. Principal Office Address P.O. Box 2576 | | 3. Mailing Office Address P.O. Box 2576 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Key West, FL | | City & State Key West, FL | |
| Zip 33040 | Country USA | Zip 33040 | Country USA |

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04/15/03--01010--027 **2583.75

REINSTATEMENT 89-03

| | |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida 06/03/1970 | |
| 5. FEI Number 591295347 | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

7. Name and Address of Current Registered Agent

| | | |
|----------------------------------------------------------------------------|-------------|-------------------|
| Name BETTY L. CRUSOE | | |
| Street Address (P.O. Box Number is Not Acceptable) 10 Allamanda Terrace | | |
| Suite, Apt. #, Etc. | | |
| City Key West | State FL | Zip Code 33040 |

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 *Betty L. Crusoe* Date 4/8/03
REGISTERED AGENT MUST SIGN

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 |
|--------|-----------------------------------|------------------------------------------------|-------------------------|
| P | BETTY L. CRUSOE | P.O. Box 2576 | Key West, Florida 33040 |
| | | | |
| | | | |
| | | | |
| | | | |

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)(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: *Betty L. C.* Betty L. Crusoe Date 4/8/03 (305) 442-4911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (10/02)