

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F52026**

1. Corporation Name

JOHN G. ALDEN INSURANCE AGENCY OF FLORIDA, INC.

Principal Place of Business

Mailing Address

1300 S.E. 17TH STREET
220
FT. LAUDERDALE FL 33316
US

1300 S.E. 17TH STREET
220
FT. LAUDERDALE FL 33316
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
PT	FRANK, ATLASS	1300 SE 17 ST SUITE 220	FT. LAUDERDALE FL
D	GALLAUDET, JAMES	1300 SE 17 ST SUITE 220	FORT LAUDERDALE FL 33316
SD	ATLASS, SALLY K	1300 SE 17 ST SUITE 220	FORT LAUDERDALE FL 33316

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ATLASS, FRANK
1300 S.E. 17TH STREET
FT. LAUDERDALE FL 33316

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

Frank Atlass
REGISTERED AGENT MUST SIGN 10-25-01

Date

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:

Frank Atlass
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-01 (954) 525 0582
Date Daytime Phone #

FILED

01 OCT 26 PM 2: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2001

4. Date Incorporated or Qualified To Do Business in Florida

11/02/1981

5. FEI Number

59-2138397

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

CR2E040 (9/01)