

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 FEB 11 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P00000036617

1. Corporation Name

JIMMIE GILES INSURANCE CORPORATION

2. Principal Office Address

10824 SHELDON ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

10824 SHELDON ROAD

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33626

Country

USA

Zip

33626

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 4/11/2000

5. FEI Number

59-3641570

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 03-04

7. Name and Address of Current Registered Agent

Name

JIMMIE V. GILES

Street Address (P.O. Box Number is Not Acceptable)

10824 SHELDON ROAD

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33626

100028536941  
02/11/04--01007--007 \*\*900.00

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date 2/9/2004

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	GILES, JIMMIE V.	10824 SHELDON ROAD	TAMPA, FLORIDA 33626

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)