


FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 JAN -7 PM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT # P0000005666

1. Corporation Name
JOHN O'NEIL INSURANCE AGENCY, INC.

2. Principal Office Address 4809 RIDGE PT. DR. Suite, Apt. #, etc.		3. Mailing Office Address 4809 RIDGE PT. DR. Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33624	Country USA	Zip 33624	Country USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida 6/5/00

5. FEI Number 65-1026555 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name JOHN O'NEIL

Street Address (P.O. Box Number is Not Acceptable) 4809 RIDGE POINT DRIVE

Suite, Apt. #, Etc.

City TAMPA

State FL Zip Code 33624

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-02/05/02-01044-012
****900.00 ****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 *[Signature]* Date 1-3-01

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
0	JOHN O'NEIL	4809 RIDGE POINT DR. TAMPA, FL 33624	TAMPA, FL 33624

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 *[Signature]* JOHN O'NEIL Officer 1/3/02 813-935-7899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (9-01)