

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 15 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000061523

1. Corporation Name

Lakewood Ranch Insurance, Inc.

REINSTATEMENT 108-10

2. Principal Office Address - No P.O. Box #

8029 Cooper Creek Blvd

Suite, Apt. #, etc

Suite 101

City & State

University Park, FL

Zip

34201

Country

USA

3. Mailing Office Address

8339 Market Street

Suite, Apt. #, etc.

City & State

Lakewood Ranch, FL

Zip

34202

Country

USA

200171175632

03/04/10--01002--024 **308.75

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida 11/2005

5. FEI Number

20-2743850

☒ 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

Jane R. McDonald

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

8339 Market Street

Suite, Apt. #, Etc

City

Lakewood Ranch

State

FL

Zip Code

34202

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

200171175632

03/15/10--01065--001 **150.00

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

REGISTERED AGENT MUST SIGN

Date 02/18/2010

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
Pres	Jane R. McDonald	8339 Market Street	Lakewood Ranch, FL 34202

2/3/10

10. E-mail Address: janemcdonald@finsure.com

(To be used for future annual report notification)

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. I further certify 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

3/1/2010

Date

941-773
3266

Daytime Phone #