

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **243537**

1. Corporation Name

GEORGE EIDSON AGENCY, INC.

Principal Place of Business

Mailing Address

2807 EDGEWATER DR.
P.O. BOX 540209
ORLANDO FL 32854-7209

2807 EDGEWATER DR.
P.O. BOX 540209
ORLANDO FL 32854-7209

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/04/1961

5. FEI Number

59-0915836

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
VSPD	EIDSON, LAURA	1300 STETSON ST	ORLANDO FL 32804
VP	FEGBANK, LARRY G.	4613 WAYFARER PL.	ORLANDO, FL 00000
CDPD	EIDSON, TEDFORD V	1138 OVERBROOK DR	ORLANDO FL
VPT	BRUNEAU, JOHN	2454 STONE CROSS CIR	ORLANDO FL 32825
VP	CALLAHAN, GEORGE S	835 WALNUT ST	ORLANDO FL 32806
VP	MARIANY, LOUIS J JR	1142 BRATLEY ESTATE DR	ALTAMONTE SPRINGS FL 32714

8. Name and Address of Current Registered Agent *Mary E. Heller* *2123 Depaul W* *SC 2932*

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 607.0506, F.S.

Signature of
Registered Agent

Laura A Eidson

Date

10-14-99

REGISTERED AGENT MUST SIGN

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: *Laura A Eidson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-99 (407) 8490323
Date Daytime Phone #