

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV -6 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **254109**

1. Corporation Name

EASON AGENCY INC.

Principal Place of Business

1130 PINEHURST ROAD, SUITE E
P.O. BOX 1097
DUNEDIN FL 34697

Mailing Address

1130 PINEHURST ROAD, SUITE E
P.O. BOX 1097
DUNEDIN FL 34697



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1661 MAIN ST

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

DUNEDIN, FL

City & State

Zip

34698

Country

Zip

Country

REINSTATEMENT 97

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/1961

5. FEI Number

59-0969182

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	LOKEY, THOMAS C.	1130 PINEHURST ROAD, #E 1661 MAIN ST	DUNEDIN FL 34698
VP	SNODGRASS, GREGORY K.	1661 MAIN ST	DUNEDIN, FL 34698

*******2342118--5
-11/07/97--01111--005
*****750.00 *****750.00**

8/11/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOKEY, THOMAS C

**1130 PINEHURST RD
SUITE E
DUNEDIN FL 34698**

Name

SNODGRASS, GREGORY K.

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

1661 MAIN ST

Suite, Apt. #, Etc.

City

DUNEDIN

State

FL

Zip Code

34698

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

Gregory K. Snodgrass
REGISTERED AGENT MUST SIGN

Date **11/3/97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Gregory K. Snodgrass
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/97 (813) 733-2173
Date Daytime Phone #

CR2E040 (8/97)