## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 555987

1. Corporation Name

FILED

03 OCT 31 AHII: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

JIM MIXON INSURANCE, INC.							MALAMASSEE, PLORIUA			
Principal Place of Business Mailing Address										
HOLMES BEACH FL 34217 HOLME US US										
							REINSTATEMENT 03			
If above addresses are incorrect in any way, line through incorre  2. New Principal Office Address, if Applicable  3. New M				alling Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida			
Suite, Apt.	#, etc.		Suite, Apt. #	Suite, Apt. #, etc.			12/23/1977  5. FEI Number Applied For			
City & Stat	le		City & State	City & State			59-1783015 Not Applicable			
Zip		Country	Zip		Countr	у	6. CERTIFICAT	E OF STATUS DESIRED	3.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Ad	Idresses of Each Officer a	nd/or Director (Fl	orida nonpro	fit corpora	itions must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
PD	MIXON, JIM			520 77TH STREET				HOLMES BEACH FL		
STD	MIXON, PATRICIA T.			520 77TH STREET			<u>-</u> -	HOLMES BEACH FL		
VP	MIXON, MARK C			213 84TH STREET			HOLMES BEACH FL			
							20 10/31/	00243331 03-01053-016	42 **150.00	
				<u> </u>						
_		_			_	_	_			
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent Name				
MIXON, JIM						Street Address (P.O. Box Number is Not Acceptable)				
520 77TH STREET					Street Address (F.O. 60)			is Not Acceptable)		
HOLMES BEACH FL 33510				Suite, Apt. #, Etc.			•			
						City		Stat FL		
10. I, bein Signature Registered	of	e egistered agent of the	Above named corp		•	ith and accept the ol	bligations of Sec	Date	05, F.S.	
								apter 607 or 617, F.S. I further s of section 607,0401 or 617.		

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

10/28/03

Daytime Phone #

Jim Mixon Insurance, Inc. 5412 Marina Drive Holmes Beach, Fl. 34217

October 28, 2003

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

## Gentlemen:

We are enclosing our corporate check #2027 for \$150.00 along with document #555987, properly executed. The corporation has never received the application for filing.

Sincerely,

Jim Mixon President