

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

OCT 17 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **585809**

1. Corporation Name

ALFORD INSURANCE, INC.

Principal Place of Business

18 AZALEA
SANTA ROSA BEACH FL 32459
US

Mailing Address

1305 CHURCH AVE
CHIPLEY FL 32428
US

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

2. New Principal Office Address, If Applicable

1305 CHURCH AVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

CHIPLEY, FL

City & State

Zip

32428

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1978

5. FEI Number

63-0763500

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 3	City / State / Zip 4
P	ALFORD, S.A. III	1305 CHURCH AVENUE	CHIPLEY FL
ST	ALFORD, BEVERLY B.	1305 CHURCH AVENUE	CHIPLEY FL

800023908078
10/17/03--01060--013 **150.00

8. Name and Address of Current Registered Agent

ALFORD, S.A. III
1305 CHURCH AVE
CHIPLEY FL 32428

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **10-10-03**

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:

[Signature]
S.A. ALFORD III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-03

Date

Daytime Phone #

CR2E040 (7/03)

AI

Alford Insurance

**PMB 185 5399 EAST HWY. C-30-A
SANTA ROSA BEACH, FL. 32459
850.638.0281 Office
850.638.0281 FAX**

October 10, 2003

State of Florida
Division of Corporations
409 East Gaines St.
Tallahassee, Fl. 32399

Re: Alford Insurance, Inc. 63-0763500

I am applying for reinstatement of the above corporation. My application is enclosed.

Please waive the reinstatement fee, as I did not receive the two prior uniform business report notices.

I also enclose my check for appropriate fee.

Thank you.

Regards,



S. A. Alford III