

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 587807

1. Entity Name
PALM STATE INSURANCE CORP.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAY 14 AM 5:23

REINSTATEMENT 06-07

Principal Place of Business
1026 NEBRASKA AVE.
PALM HARBOR, FL 34683

Mailing Address
1026 NEBRASKA AVE.
PALM HARBOR, FL 34683



2. Principal Place of Business - No P.O. Box #
2604 HUNT ROAD

3. Mailing Address
2604 HUNT ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05102007 REIN-P CR2E098 (1/07)

City & State
TARPON SPRINGS, FL

City & State
TARPON SPRINGS, FL

4. FEI Number
59-1866857

Applied For
Not Applicable

Zip
34688

Country
USA

Zip
34688

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLOWES, RICHARD J.
1026 NEBRASKA AVE
PALM HARBOR, FL 34683

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2604 HUNT ROAD

City TARPON SPRINGS, FL Zip Code 34688

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CLOWES, RICHARD J.
STREET ADDRESS 1026 NEBRASKA AVE
CITY - ST - ZIP PALM HARBOR, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2604 HUNT ROAD
CITY - ST - ZIP TARPON SPRINGS, FL 34688

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD J. CLOWES, CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/07
Date

727-515-3847
Daytime Phone #