

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

03 OCT 21 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 636262

1. Corporation Name

UNITED INSURANCE AGENCY, INC.

Principal Place of Business

18250 N.W. 2ND AVENUE  
MIAMI FL 33169

Mailing Address

9240 BONITA BEACH RD., #2205  
BONITA SPRINGS FL 34135

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/14/1979

5. FEI Number

59-2024790

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	CULLEY, JAMES C	18250 N.W. 2ND AVE.	MIAMI FL
S	CULLEY, SANDRA	15287 BURNABY DR.	NAPLES FL 34110
T	CULLEY, TERESA	1129 3RD AVE. SOUTH	TIERRA VERDE FL 33715

600023965746  
10/21/03--01043--020 \*\*758.75

8. Name and Address of Current Registered Agent

CULLEY, JAMES C  
18250 N.W. 2ND AVENUE  
MIAMI FL 33169

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

*James C. Culley*  
REGISTERED AGENT MUST SIGN

Date 10/16/03

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:

*James C. Culley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/03

Date

305-572-1822

Daytime Phone #

CR2E040 (7/03)