PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 NOV 21 PM 12:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L90035

1. Corporation Name SLAPPEY INSURANCE, INC.

Principal Place of Business: PO BOX 3635 TALLAHASSEE, FL 32303
737 N. MONROE ST. 32308 15

Mailing Address:

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

REINSTATEMENT 96 CAS
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
SAME	SAME	6-12-81
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-2093706 ☐ Applied For ☐ Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED ☐
Zip / Country	Zip / Country	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CH	Thomas A. Doxsee, SR	5145 GRANDVIEW CT	TALLAHASSEE, FL 32303
PRES	Jeffrey D. Doxsee	4060 ROWELING OAKS CT.	TALLAHASSEE FL 32303
SEC/TREAS	Thomas A. Doxsee, JR	2909 N. SETTLERS BLVD	TALLAHASSEE, FL 32303

700002012797--6
-11/22/96--01090--008
****375.00 ****375.00

8. Name and Address of ~~Current~~ New Registered Agent

Thomas A. Doxsee
5145 GRANDVIEW CT.
TALLAHASSEE, FL 32303

9. Name and Address of ~~New~~ Current Registered Agent

Name: Jeffrey D. Doxsee
Street Address (P.O. Box Number is Not Acceptable): 4060 ROWELING OAKS CT
Suite, Apt. #, Etc.:
City: TALLAHASSEE State: FL Zip Code: 32303

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: Thomas A. Doxsee Date: 11/21/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Thomas A. Doxsee 11/21/96 5610100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/95)