

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

02 NOV -7 PM 2:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 704161

1. Corporation Name

ST. LUCIE COUNTY INDEPENDENT INSURANCE AGENTS, I NC.

Principal Place of Business 8403 S INDIAN RIVER DRIVE FORT PIERCE FL 34982	Mailing Address 8403 S INDIAN RIVER DRIVE FORT PIERCE FL 34982
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/12/1962	
City & State		City & State		5. FEI Number	
Zip		Country		59-1389935	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	FINES, SUSAN M	1250 SE PT ST LUCIE BLVD	PORT SAINT LUCIE FL 34952
STD	RISE, ANN R.	8403 S INDIAN RIVER DRIVE	FORT PIERCE FL 34982
D	WILLBUR, D. G. JR	2716 S US #1	FORT PIERCE FL 34982
D	DRISCOLL, MIKE	2222 COLONIAL RD	FT PIERCE FL 34948
VPD	HOWARD, RUDY	8487 S US HWY #1	PORT SAINT LUCIE FL 34952

600008871456
 11/07/02--01065--001 **61.25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ENNS, EDWARD G. 601 CITRUS AVENUE FT. PIERCE FL 34950		Name Ann R Rise Street Address (P.O. Box Number is Not Acceptable) 8403 S Indian River Drive Suite, Apt. #, Etc. Fort Pierce City State FL Zip Code 34982	

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: Ann R Rise REGISTERED AGENT MUST SIGN
 Date: 10-31-02

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: Ann R Rise
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 10-31-02
 Daytime Phone #: 772-429-2705

CR2E040 (8/02)



St. Lucie County

Independent Insurance Agents, Inc.

October 31, 2002

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P O Box 6327
Tallahassee, FL 32314-6327

RE: St Lucie County Independent Insurance Agents, Inc.
#59-1389935

Please be advised that the prior two uniform business report notices
Were not received by me.

Please find check #252 in the amount of \$61.25.

Thank you.

Ann R Rise
Secretary-Treasurer