PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.											
FLORIDA DEPARTMENT OF STATE  FOR  FOR  Secretary of State  DIVISION OF CORPORATIONS							<del>"</del> "				
DOCUMENT # 704161  1. Corporation Name					,			02 NOV -7 PM 2: 12			
ST. LUCIE COUNTY INDEPENDENT INSURANCE AGENTS, I							SECRETARY OF STATE FALLAHASSEE, FLORIDA				
Principal Place of Business Mailing Addres					ess						
[				S INDIAN RIVER DRIVE T PIERCE FL 34982							
If above a	addresses are	incorrect in any way, line thro									
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Maili Suite, Apt. #, etc. Suite, Apt. #,				ling Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     06/12/1962				
Ошю, гри т,							5. FEI Numbe	FO 400000F		Applied For	
City & State City & State								59-1389935		Not Applicable	
Zip Country Zip			Zip	Country			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)					Street Address of Each Officer and/or Director			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	D WILLBUR, D. G. JR				2716 S US #1			FORT PIERCE FL 34982			
D	D DRISCOLL, MIKE				2222 COLONIAL RD			FT PIERCE FL 34948			
VPD HOWARD, RUDY				8487 S US HWY #1			="	PORT SAINT LUCIE FL 34952			
						<del> </del>	<u> 60</u> 1	<b>0008871</b> 0201065001	456 1 **61.2	5	
8. Name and Address of Current Registered Appet											
8. Name and Address of Current Registered Agent No.						Name	9. Name and Address of New Registered Agent Name				
enns, eñward g.						Ann R Rise					
601 CITRUS AVENUE					Street Address (P.O. Box Number is Not Acceptable)						
FT. PIERCE FL 34950						Street Address (P.O. Box Number is Not Acceptable)  8403 S Indian River Drive  Suite, Apt. #, Etc.					
						City State   Zip Code					
							<b>FL</b> 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 \_

ASIGNATURE REQUIRED
AND REGISTERED AGENT MUST SIGN

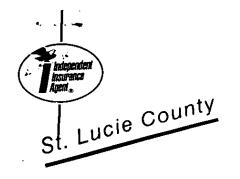
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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:

SIGILITURE ACUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-02 429-2705

e Daytime Phone #



## ndependent 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