PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
CORPORATION REINSTATEMENT Secretary of State Division of Corporation			y of State	FILED 2008 MAY 23 AM 9: 40			
DOCUMENT # 708068 1. Corporation Name Independent Insurance Agents of				CECRLINATION STATE TALLAHASSEE, FLORIDA			
Greater Tampa 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address P.O. 27/08/1 Tpa, FL 33688.				100130183381 05/23/0801036025 **245.00 RRINICORREGRIGATION DE DOCUMENTO			
Suite, Apt. #, etc. Suite, Apt. #, City & State Tamba, FL Tarr					4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 5 9 6 1 3 9 2 9 Applied For Not Applicable		
3360	Country	Zip 33688	Hillsborough	6. CERTIFICATE	S8.75 Ad	Not Applicable ditional Fee required ertificate of Status	
Name Lori Matthews Street Address (P.O. Box Number is Not Acceptable) 8523 N. Harnner Ave. Suite, Aot. #, Etc. City Tampa State Zip Code FL 33604				The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligation of Registered Agent REGISTERED AGENT MUST SIGN					pations of section 607.0505 or 617.0503, F.S. Date		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each							
Titles	Name of Officers and/or Directors		Officer and/or Director		City / State / Zip		
Treus	Michael Suarez 4600 W. Cypress Chuck Cassetta 4600 W. Cypress		St. 200	Tampa, the:	33607		
Dir	r. Sue Buchinger		300 W. Platt St.		Tumpa, FL	33606	
Dir	oir Mike Lilly		3101 W. Martin Luther		Tampa, FL	33607	
Dir.	Scott Blum	491	4915 W. Cypr		tampa, FL	33607	
			<i>)</i>				
10. 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 filling 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 contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my eliminate shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE:							
-	SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OF	FICER OR DIRECTOR		Date Daytime Pt	hone #	

WILLIAM F. WISE, C.P.A., P.A. 3621 HENDERSON BLVD. TAMPA, FL 33609

Independent Insurance Agents of Greater Tampa, Inc. P.O. Box 271081 Tampa, FL 33688

Lori,

After reviewing all my Florida Not for Profit Corporation renewal status Forms with the State, I came across the fact that your corporation has not been renewed since the year 2004, therefore is inactive at this time.

I took the opportunity and have explained the situation(that you where not aware of the renewal notice the State sends each year, because of the change of address when Alice Miller left and did not notify you) with Tallahassee and they have reduced the amount owed for the years of not filing. Instead of \$420.00 which is what Independent would owe, they have reduced it to \$245.00.

Please follow the instructions before completing the Reinstatement Form. I have added an extra with some information you may not have, but I do not have the names of the new officers/directors or if the same people are still in the group.

Lori, make sure you put yourself as a Registered Agent and make the correct changes to the mailing address as well. If you need any help with this, please call Elsie at (813)334-6600 for assistance.

I'm including an old copy I downloaded with the previous officers/directors, etc. to give you an idea.

Sincerely,

Bill

William F. Wise, C.P.A.