

730930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

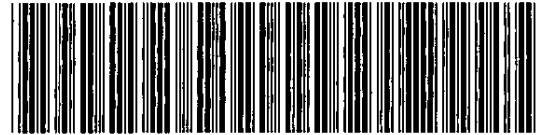
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08 JUN 11 PM 1:47  
SECRETARY OF STATE  
TAMM A. ROBERTS, FLORIDA

T Roberts JUN 11 2008



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 30, 2008

SCOTT LAKE  
RS WILLIAMS AND ASSOCIATES, INC.  
557 S DUNCAN AVE  
CLEARWATER, FL 33756

SUBJECT: PINELLAS ASSOCIATION OF INSURANCE AND FINANCIAL  
ADVISORS, INC.  
Ref. Number: 730930

We have received your document for PINELLAS ASSOCIATION OF  
INSURANCE AND FINANCIAL ADVISORS, INC. and your check(s) totaling  
\$35.00. However, the enclosed document has not been filed and is being  
returned for the following correction(s):

In order to file your document, the subject entity must first be reinstated.

The above listed corporation was administratively dissolved or its certificate of  
authority was revoked for failure to file its 2007 corporate annual report form. To  
reinstate, the corporation must submit a completed reinstatement application or  
annual report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$175 reinstatement fee,  
\$61.25 filing fee per year.

Therefore, the total amount due to reinstate the corporation is \$297.50. Add an  
additional \$8.75 for each certificate of status requested.

Please return your document, along with a copy of this letter, within 60 days or  
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  
(850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 708A00034018

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 JUN 11 AM 8:00

RECEIVED

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Pinellas Association of Insurance & Financial Advisors, Inc.

DOCUMENT NUMBER: \_\_\_\_\_

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott F. Lake  
(Name of Contact Person)

RS Williams and Associates, Inc.  
(Firm/ Company)

557 S. Duncan Ave.  
(Address)

Clearwater FL 33756  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Scott Lake at ( 727 ) 449 6728  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Pinellas Association of Insurance and Financial Advisors, Inc.  
(Name of corporation as currently filed with the Florida Dept. of State)

(Attach additional pages if necessary)  
(continued)

The date of adoption of the amendment(s) was: 5/21/08


Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.

☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature

  
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Scott E. Lake  
(Typed or printed name of person signing)

Treasurer  
(Title of person signing)

**FILING FEE: \$35**