

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 14 AM 8:00

DOCUMENT # F01000001374

1. Corporation Name

INSBANC, INC.

Principal Place of Business

1925 FREDERICA STREET
OWENSBORO KY 42301

Mailing Address

1925 FREDERICA STREET
OWENSBORO KY 42301

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/2001

5. FEI Number

61-1378890

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
STD	HUTCHINSON, MARK R	1700 FREDERICA ST., STE 201	OWENSBORO KY
PCD	ANDERSON, ERIC E	1925 FREDERICA STREET	OWENSBORO KY

8. Name and Address of Current Registered Agent

MIDDLEMAS III, LOTT W
1022 W. 23RD STREET
PANAMA CITY FL 32405

9. Name and Address of New Registered Agent

Name

Jason Bryant

Street Address (P.O. Box Number is Not Acceptable)

100 1st Avenue S

Suite, Apt. #, Etc.

Suite 222-273

City

St. Petersburg

State

FL

Zip Code

33701

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

Jason Bryant

REGISTERED AGENT MUST SIGN

Date

10/10/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric E. Anderson

Date

10/10/03

Daytime Phone #

270-926-4550

CR2E040 (7/03)



Toll-Free
(866) 583-2007

401 West Street
New York, NY 10002

4350 Brownsboro Road
Louisville, KY 40207

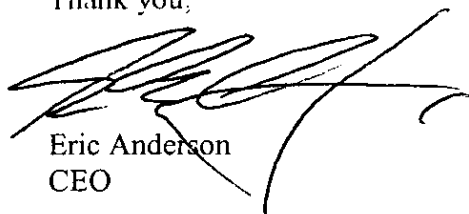
1925 Frederica Street
Owensboro, KY 42301

October 10, 2003

To Whom It May Concern:

This is the first notification that our office has received on this. Please accept our fee of \$150.00 as the renewal of our annual fee.

Thank you,



Eric Anderson
CEO