

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

15 MAR -2 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F01000003224**

1. Corporation Name

Peter C. Foy & Associates, Insurance Services, Inc.

2. Principal Office Address - No P.O. Box #

6200 Canoga Ave

Suite, Apt. #, etc.

Suite 325

City & State

Woodland Hills, CA.

Zip

91367

Country

United States

3. Mailing Office Address

6200 Canoga Ave

Suite, Apt. #, etc.

Suite 325

City & State

Woodland Hills, CA.

Zip

91367

Country

United States

CR2B081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
June 12, 2001

5. FEI Number

95-4281021

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

National Corporate Research, Ltd.

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

155 Office Plaza Drive

Suite, Apt. #, etc.

City

Tallahassee

State

FL

Zip Code

32301

500270127775
03/02/15--01007--019 **1500.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Stephanie Orr Asst Sec

Date *2/27/15*

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Peter C. Foy	6200 Canoga Ave, Suite 325.	Woodland Hills, CA. 91367

10. E-mail Address: john@pcfay.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

John A. Foy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/15

818-703-8057

DATE

DAYTIME PHONE #

RE 3/2/15