

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Moore

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F25111

1. Corporation Name

IFC INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

~~6400 4TH STREET NORTH~~
~~ST PETERSBURG FL 33702~~

~~6400 4TH STREET NORTH~~
~~ST PETERSBURG FL 33702~~

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

2. New Principal Office Address, If Applicable

2605 SUNSET WAY

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2605 SUNSET WAY

Suite, Apt. #, etc.

City & State

St. Pete Beach, Fla.

Zip

33706

Country

Pinellas

City & State

St. Pete Beach, Fla.

Zip

33706

Country

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/1981

5. FEI Number

59-2098767

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)

| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip |
|-------------|--------------------------------------|--|-----------------------|
| PD | GOULD, J HOWARD G | 2605 SUNSET AVE | ST. PETE BEACH FL |
| | | | |
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| | | | |
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| | | | |

300002045348-2
-01/03/97--01176--007
****200.00 ****200.00

[Handwritten signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOULD, J HOWARD GARDNER

~~6400 4TH STREET NORTH~~

~~ST PETERSBURG FL 33602~~

Name

J. HOWARD GARDNER GOULD

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

2605 SUNSET WAY

Suite, Apt. #, Etc.

City

St. Pete Beach

State

FL

Zip Code

33706

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.

Signature of
Registered Agent

J. Howard Gardner Gould
REGISTERED AGENT MUST SIGN

Date Dec 20, 96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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)(f), 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:

J. Howard Gardner Gould
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 20, 96
Date

913 3605910
Telephone Number

CR2E040 (7/96)

②

2605 Sunset Way
St. Pete Beach, Fl 33706
December 27, 1996

Department of State
Division of Corporation
409 East Gaines St.
Tallahassee, Fl 32399

Gentlemen:

Enclosed find check in the amount of \$200.00 for Annual Report Fee of \$61.25 and Corporate Supplemental Fee of \$138.75. Please reinstate the Corporation

This Application for Reinstatement is the only correspondence I have received and was sent to me by a C-Corp of Lakeland Florida. Please note change of address, as notification of change of address was advised in 1995.

Thank you.

Sincerely



J.H. Gardner Gould
President
IFC Insurance Agency Inc.