

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G35212

1. Corporation Name

ASSOCIATED INSURANCE OF ORLANDO, INC.

Principal Place of Business

Mailing Address

3127 CORRINE DRIVE  
ORLANDO FL 32803

3127 CORRINE DRIVE  
ORLANDO FL 32803

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/21/1983

5. FEI Number

59-2283220

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	KEMP, JOEL M	25 STATE ST.	NUNDA NY
P	TURNER, GARRY	3127 CORRINE DRIVE	ORLANDO FL 32803

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TURNER, GARRY  
3127 CORRINE DRIVE  
ORLANDO FL 32803

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Date

10-17-00

11. I certify that I am an officer or director of 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

Date

Daytime Phone #

10-17-00

407 647 4252



3127 CORRINE DRIVE, ORLANDO, FL 32803  
PHONE: (407) 647-4252  
FAX: (407) 647-3907

10-17-00

Please be advised per my conversation with your representative today. I don't remember receiving renewal report.

I request reinstatement of our corporation and kindly request late fees be waived.

I have enclosed a check for the renewal. Should you have any questions, please advise.

Sincerely,  
Harry Rine