

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H36456

1. Corporation Name

VAUGHN INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

~~1348 TIMBERLANE RD.~~
~~P.O. BOX 12759~~
TALLAHASSEE FL 32317

~~1348 TIMBERLANE RD.~~
~~P.O. BOX 12759~~
TALLAHASSEE FL 32317-2759
US

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

2. New Principal Office Address, If Applicable
1117 Thomasville Rd.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
P.O. Box 15434
Suite, Apt. #, etc.

City & State
Tallahassee, FL
Zip 32303 Country USA

City & State
Tallahassee, FL
Zip 32317 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/03/1985

5. FEI Number

59-2472717

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
C	VAUGHN, ROD	1348 TIMBERLANE RD. 1117 Thomasville Rd.	TALLAHASSEE FL, 32307
DST	VAUGHN, VIRGINIA	1348 TIMBERLANE RD. 1117 Thomasville Rd.	TALLAHASSEE FL
P	VAUGHN, KEVIN	1348 TIMBERLANE RD. 1117 Thomasville Rd.	TALLAHASSEE FL

REINSTATEMENT

8. Name and Address of Current Registered Agent

VAUGHNN, G. KEVIN

~~1348 TIMBERLANE RD.~~ 1117 Thomasville Rd.
TALLAHASSEE FL 32312 Tallahassee, FL 32303

9. Name and Address of New Registered Agent

Name G. Kevin Vaughn
Street Address (P.O. Box Number is Not Acceptable) 1117 Thomasville Rd.
Suite, Apt. #, Etc.
City Tallahassee State FL Zip Code 32303

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

G. Kevin Vaughn
REGISTERED AGENT MUST SIGN

Date 10-16-03

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:

G. Kevin Vaughn, Pres. 10-16-03 (850) 545-7021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2012

October 16, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Vaughn Insurance Agency, Inc.
Document # H36456

To Whom It May Concern:

Please waive our reinstatement fee as we did not receive prior notices regarding filing. We moved our office effective January 1, 2003 due to sale of our building. We also now have new P.O. Box 15434, Tallahassee, FL 32317. Please give me a call at (850)545-7021 if you have any further questions or need additional information. We appreciate your consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "G. Kevin Vaughn", followed by the word "Pres." written in a similar cursive style.

G. Kevin Vaughn, Pres.
Vaughn Insurance Agency, Inc.
P.O. Box 15434
Tallahassee, FL 32317
(850)545-7021

GKV/pe