


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL 25 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/25/03--01039--004 **450.00

CORPORATION REINSTATEMENT 01-03		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>446570</u> <u>Inc.</u>			
1. Corporation Name <u>MARSH POINTE INSURANCE</u> <u>11 S. 7th St.</u> <u>FERNANDINA Beach, FL 32034</u>			
2. Principal Office Address <u>11 S. 7th St.</u>		3. Mailing Office Address <u>11 S. 7th St.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Fernandina Beach, FL</u>		City & State <u>Fernandina Beach, FL</u>	
Zip <u>32034</u>	Country <u>U.S. States</u>	Zip <u>32034</u>	Country <u>United States</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>02/22/93</u>	
5. FEI Number <u>59-2504143</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>Lynette Blackwelder</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>11 S. 7th St.</u>	
Suite, Apt. #, Etc.	
City <u>Fernandina Beach, FL</u>	State <u>FL</u>
Zip Code <u>32034</u>	

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 <u>Lynette Blackwelder</u>	Date <u>5/27/2003</u>
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
<u>Pres</u>	<u>Lynette Blackwelder</u>	<u>11 S. 7th St.</u>	<u>Fernandina Beach, FL 32034</u>
<u>Secy/Treas.</u>	<u>Albert Nelson</u>	<u>11 S. 7th St.</u>	<u>Fernandina Beach, FL 32034</u>

10. 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)(j), 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: <u>Lynette Blackwelder</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>5/25/2003</u> Date
Daytime Phone # <u>904-261-4894</u>	

7/125



Marsh Pointe INSURANCE & REAL ESTATE, Inc.

July 10, 2003

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

Gentlemen:


Please find our Corporation-Reinstatement application. We did not receive a previous
Renewal Notice for 2001 and 2002.

Please verify our mailing address to be 11 South 7th Street, Fernandina Beach, Florida,
32034, 904-261-4934.

We are enclosing \$450.00 check as directed by phone.

Thank you.

Sincerely,



Marsh Pointe Insurance and Real Estate
Lynette Blackwelder, President



Marsh Pointe

July 23, 2003

INSURANCE & REAL ESTATE, Inc.

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

Re: Letter No. 903A00040986

Gentlemen:

Enclosed are copies of all correspondence mailed to your office on July 11, 2003. We spoke with your office on May 31, 2003 and was advised to mail this check and completed form to your office.

We did not receive the first document, therefore the reason for the delayed compliance.

Thank you.

Sincerely,

Marsh Pointe Insurance and Real Estate
Lynette Blackwelder, President