

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

1995
1996

DOCUMENT # **H54204**

1. Corporation Name
GEORGE F. CARTER INSURANCE AGENCY, INC.

FILED
 96 NOV -6 PM 9:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

MWB
11-7-96

Principal Place of Business
**8905 CASTLE BLVD.
P. O. BOX 12337
JACKSONVILLE FL 32209
US**

Mailing Address
**8905 CASTLE BLVD. (MAX. FL 32209)
P.O. BOX 12337
JACKSONVILLE FL 32209**

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
04/29/1985

5. FEI Number **59-2809361**
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	CARTER, GEORGE F.	8905 CASTLE BLVD.	JACKSONVILLE FL
			500002000035--7 11/08/96-01021-015 ****200.00 ****200.00
			500002000035--7 -11/08/96-01021-016 ****200.00 ****200.00
			500002000035--7 -11/08/96-01021-017 ****175.00 ****175.00

8. Name and Address of Current Registered Agent

**DANIEL
GROVER A
5411 SOUTEL DR
JACKSONVILLE FL 32219**

9. Name and Address of New Registered Agent

Name **Grover D Daniels**
Street Address (P.O. Box Number is Not Acceptable) **5411 Soutel Dr.**
Suite, Apt. #, Etc.
City **Jacksonville** State **FL** Zip Code **32219**

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 **[Signature]**
REGISTERED AGENT MUST SIGN

Date **8/12/96**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-16-96 **(904) 764-0025**
Date Daytime Phone #