

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY -9 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**1. Corporation Name**

559065  
MARY A. HARRISON INSURANCE  
AGENCY, INC.

**2. Principal Office Address**

3650 FOREST HILL BLVD, STE 1 (same as

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc. principal address

**City & State**

WEST PALM BEACH, FL

**City & State**

**Zip**

33406

**Country**

FLORIDA

800018673428

05/09/03--01056--010 \*\*\$500.00

**4. Date Incorporated or Qualified** AS PRIMA ASSOC. INC  
To Do Business in Florida ON 2/24/87 -

AMENDED TO MARY A. HARRISON INS  
AGENCY, INC ON 8/22/87

**5. FEI Number** 59-2815674

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$875 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

MARY A. HARRISON

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

561 S. COUNTRY CLUB DR

**Suite, Apt. #, Etc.**

**City**

ATLANTIS

**State**

FL

**Zip Code**

33462

**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

Mary A. Harrison  
REGISTERED AGENT MUST SIGN

Date 5/5/03

**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
PRES	MARY A. HARRISON	561 S. COUNTRY CLUB DR	ATLANTIS, FL 33462
VPRES	WALLACE B. HARRISON	561 S. COUNTRY CLUB DR	ATLANTIS, FL 33462

**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)(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:**

Mary A. Harrison  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

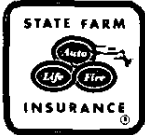
Date

5/5/03

Daytime Phone #

(561)  
967-3000

CR2E081 (10/02)



MARY A. HARRISON INSURANCE AGENCY, INC.  
Auto-Life-Health-Home and Business

3650 FOREST HILL BLVD., STE 1  
WEST PALM BEACH, FL 33406 PHONE (561) 967-3000 FAX (561) 967-4464

May 06, 2003

MEMO TO: Florida Department of State  
Division of Corporations

FROM: Mary A. Harrison

Re: Mary A. Harrison Insurance Agency, Inc.  
Tax ID #59-2815674

My accountant recently advised me to check on my uniform business report filing as it did not appear that I had issued a check to accompany the form this year. I called the Department of State and was told that my corporation had been dissolved by the state in the year 2000.

When I asked for the address they had on file, it was still listed as 3446 Forest Hill Blvd, West Palm Beach, FL. I had in fact moved to a different location late in the fall of 1999. Apparently the form did not get to me because of the old address and, of course, was never sent again subsequent to that as the state had dissolved the corporation.

I updated my address record by phone on 4/25/03 and am asking that you waive the reinstatement fee due to incorrect address. I am submitting \$600 with this letter to pay the back annual fees as well as the one due this year.

I trust this brings me back into existence (!), but please let me know if you need anything further from me.

Thank you,

A handwritten signature in cursive script that reads "Mary A. Harrison".  
Mary A. Harrison