

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 04 MAY -6 AM 8:00

**CORPORATION  
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # K04216

1. Corporation Name

Insurance Express, Inc.

2. Principal Office Address

4141 Pine Forest Road

3. Mailing Office Address

4141 Pine Forest Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cantonment, FL

City & State

Cantonment, FL

Zip

32533-6545

Country

US

Zip

32533-6545

Country

US

**REINSTATEMENT** 02-04  
 MRS

4. Date Incorporated or Qualified

To Do Business in Florida 12/01/1987

5. FEI Number

59-2878494

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent 100035702631

Name

Joyce Beard

05/06/04--01028--001 \*\*1090.00

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

304 Mt. Airy Street

05/06/04--01028--001 \*\*1090.00

Suite, Apt. #, Etc.

City

Cantonment

State

FL

Zip Code

32533

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

REGISTERED AGENT MUST SIGN

Date

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
PVSD	Joyce Beard	304 Mt. Airy Street	Cantonment, FL 32533
D	B. F. Killingsworth	4141 Pine Forest Road	Cantonment, FL 32533-6545

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.

Joyce Beard  
 SIGNATURE: *Joyce Beard*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/2004

Date

850-266-0056

Daytime Phone #

CR2E001 (01/04)