PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K04216

1. Corporation Name

Insurance Express, Inc.

REINSTATEMENT 02-04

2. Principal Office Address	**3.** Mailing Office Address
4141 Pine Forest Road	4141 Pine Forest Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Cantonment, FL	Cantonment, FL

4. Date Incorporated or Qualified To Do Business in Florida 12/01/1987

Zip	Country	Zip	Country
32533-6545	US	32533-6545	US

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 1000357026 31
05/06/04--01028--001 **1050.00
05/06/04--01028--001 **1050.00

Name
Joyce Beard

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

Suite, Apt. #, Etc.

City	State	Zip Code
Cantonment	FL	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 _____   Date _____

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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.

SIGNATURE: _Joyce Beard_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/2004   850-266-0056

Date   Daytime Phone #