## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

K74745 DOCUMENT #

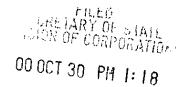
1. Corporation Name

## WILLIAM A. WADSWORTH INSURANCE AGENCY, INC.

Principal Place of Business Mailing Address

6529 STADIUM DR

P O BOX 1030



ZEPHYRHILLS FL 33540 US			ZEPHYRHILLS FL 33539 US					L (FORTBAR) DAY NORTH BADAY NORTH NORTH NAME NAME NAME NAME NAME NAME NAME NAME								
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If above a	ddresses are	incorrect in any way, line th						-	NSI	D P	<b>HICK</b>		IJ			
New Principal Office Address, If Applicable     3. New Maili				ng Office Address, If Applicable			15	47. <sup>1</sup> 1.	date incorpo o Do Busin	orated or Qualified ness in Florida 03/20/1989					> <b>-#</b> '-≒	
Suite, Apt. #, etc. Suite, Ap				#, etc.			Ţ.	5. F	El Number			00,	1	r	ed For	
City & State	<u> </u>	City & State	City & State			L			59-2948384					pplicable		
Zip		Country	Žip Co				6. CERTIFICATE			OF STATUS	DESIRED [	\$8.75 for	Additional Certification	onal Fe	e required of Status	
7. Names a	and Street Ade	dresses of Each Officer and	d/or Director (Flo	rida nonprof	it corporati	ons must list at lea	ast	3 di	irectors)							
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director						4	С	ity / State	e / Zip	·		
PV	WADSWO	5345 LOCHMEAD TERRACE				_	ZEPHÇRHILL FL									
ST	WADSWO	5345 LOCHMEAD TERRACE					ZEPHYRHILLS FL									
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8. Name and Address of Current Registered Agent								9. Name and Address of New Registered Agent								
						Name										
	ILLIAM A.	Street Address (F				O. Box Number is Not Acceptable)										
37037 SR 54 W ZEPHYRHILLS FL 33541					Suite, Apt. #, Etc.									•		
					•	City						State <b>FL</b>	Zip Co	de		
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 Agen;  REGISTERED AGENT MUST SIGN  Date																

11. 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 filling 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.