

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K74745

1. Corporation Name

WILLIAM A. WADSWORTH INSURANCE AGENCY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 30 PM 1:18

Principal Place of Business

Mailing Address

6529 STADIUM DR
ZEPHYRHILLS FL 33540
US

P O BOX 1030
ZEPHYRHILLS FL 33539
US



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

REINSTATEMENT 00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/20/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2948384

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PV	WADSWORTH, WILLIAM A.	5345 LOCHMEAD TERRACE	ZEPHERHILL FL
ST	WADSWORTH, ELEANOR	5345 LOCHMEAD TERRACE	ZEPHYRHILLS FL
			800003463548--4 -11/15/00--01010--011 ****750.00 ****750.00
			<i>[Signature]</i> 10/13

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WADSWORTH, WILLIAM A.
37037 SR 54 W
ZEPHYRHILLS FL 33541

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

10/20/00

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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/00 (813)782-8161
Date Daytime Phone #

CR2E040 (8/00)