PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
03 OCT 13 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K76120

1. Corporation Name

SANDY WASSON & ASSOCIATES INSURANCE, INC.

Principal Place of Business	Mailing Address
11309 STARKEY RD LARGO FL 33773	P O BOX 10437 LARGO FL 33773-0437

REINSTATEMENT 2003

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/22/1989

5. FEI Number: 59-2939267 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CDT	WASSON, SANDRA	8381 56TH WAY NORTH	PINELLAS PARK FL ~~33761~~ 33781
VPDS	WASSON, CHARLES	8381 56TH WAY NORTH	PINELLAS PARK FL 33781
P	WASSON, CHARLES III	10053 85TH ST NO	LARGO FL 33773

000023768610
10/13/03 01100 007 **758.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WASSON, CHARLES L 10053 -85TH ST N. LARGO FL 33777	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 10/8/03
REGISTERED AGENT MUST SIGN

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 REQUIRED — 10/8/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Charles L Wasson III — Date — Daytime Phone #