

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JUN 10 AM 6:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

K85564

1. Corporation Name

Mitchell Williams Insurance Services, Inc.

Principal Place of Business

Mailing Address

418 W. 23rd St.

418 W. 23rd St.

Panama City, FL 32405

Panama City, FL 32405

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

5/04/89

5. FEI Number

59-2747412

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)

400002210504--9

-06/12/97--01100--006

\*\*\*919708\*\*\*915.00

Title(s)

Name of Officers and/or Directors

Street Address of Each Officer and/or Director

(Do NOT Use Post Office Box Numbers)

1

2

3

4

PD Rhonda C. Williams

3012 Lanny Ln.

Panama City, FL 32405

STV Gene Williams

3012 Lanny Ln.

Panama City, FL 32405

REINSTATEMENT 96-91

6-11-91

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Rhonda C. Williams

Date

5/29/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/97

Date

904-762-9605

Daytime Phone #

CR2040 (12/96)