PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 97

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

APPROVED AND FILED

97 NOV 12 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K91039

1. Corporation Name

FLORIDA INSURANCE CONSULTANTS

Principal Place of Business / Mailing Address

P. O. BOX 5647
FT. LAUDERDALE, FL 33310-5647

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

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

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

4. Date Incorporated or Qualified To Do Business in Florida 3/26/89

5. FEI Number 65-0120420 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	WILLIAM LITTLE	2701 N.W. 62ND STREET	FT.LAUDERDALE, FL 33309
CEO	JOHN J. HAUN	2701 N.W. 62ND STREET	FT. LAUDERDALE, FL 33309
EX. V.P.	GREGORY D'ANGIO	2701 N. W. 62ND STREET	FT. LAUDERDALE, FL 33309

REINSTATEMENT 99

a. dangio 11/12/97

8. Name and Address of Current Registered Agent

JOHN J. HAUN
~~P.O. BOX 5647~~
FT. LAUDERDALE, FL 33310-5647

RECEIVED
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9. Name and Address of New Registered Agent

Name: SAME
Street Address (P.O. Box Number is Not Acceptable): ~~SAME~~ 2701 N.W. 62nd St.
Suite, Apt. #, Etc.: SAME
City: Ft. Lauderdale
State: FL Zip Code: 33309

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: John J. Haun
REGISTERED AGENT MUST SIGN

600002347966--4
Date 11/14/97--01103--001
****750.00 ****750.00

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: William Little
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-03-97
Date

(954) 973-1900
Daytime Phone #

CR2E040 (12/96)