

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # K99081

1. Corporation Name

A ABLE INSURANCE, INC.

Principal Place of Business

Mailing Address

870-4 BLOUNTSTOWN HWY
TALLAHASSEE FL 32304
US

870-4 BLOUNTSTOWN HWY
TALLAHASSEE FL 32304
US

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

903 N MONROE ST
TALLAHASSEE FL
32303 US

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/1989

5. FEI Number

59-2958843

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	WORKMAN, DAVID M.	2863 FITZPATRICK DR.	TALLAHASSEE FL
DVS	STEPHENS, PEGGY	2863 FITZPATRICK DR.	TALLAHASSEE FL
T	STEPHENS, PEGGY	2863 FITZPATRICK DR.	TALLAHASSEE FL

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-10/06/00--01134--009
****308.75 ****308.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEPHENS, PEGGY
2863 FITZPATRICK DR.
TALLAHASSEE FL 32308

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 09-22-00

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PEGGY STEPHENS, V.P.

09/22/00 850-222-2886
Date Daytime Phone #