

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **L32154**

1. Corporation Name

Tom Mickler Insurance, Inc.

**FILED**

99 DEC 20 PM 5:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

300 South Ponce de Leon Blvd.  
St. Augustine, FL 32084

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

4. Date Incorporated or Qualified  
To Do Business in Florida  
11/22/89

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2979291

Not Applicable

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

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

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip |
|---------------|---|--|-------------------------|
| President     | Jane Beckett Tucker                       | 300 South Ponce de Leon Blvd.  | St. Augustine, FL 32084 |
|               |   |  | 300003083189--6         |
|               |   |  | -12/23/99--01076--005   |
|               |   |  | ***1650.00 ***1650.00   |
|               |   |  | 300003083189--6         |
|               |   |  | -12/29/99--01076--006   |
|               |   |  | *****8.75 *****8.75     |

**REINSTATEMENT 92-9911 TS**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Tracy Wilson Upchurch

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

780 North Ponce de Leon Blvd

Suite, Apt. #, Etc.

City

St. Augustine

State  
**FL**

Zip Code

32084

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

*Tracy Wilson Upchurch*

REGISTERED AGENT MUST SIGN

Date

12-16-99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

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

*Jane Beckett Tucker*

12-16-99

Date

Daytime Phone #