

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

04 FEB -2 AM 9:25

DOCUMENT # **L82960**

1. Corporation Name

BLUE CHIP INSURANCE AGENCY, INCORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 03-04

Principal Place of Business

Mailing Address

P.O. BOX 2301
SUITE 307
WINTER PARK FL 32789
US

PO BOX 2301
WINTER PARK FL 32790-2301
US

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



200028057012
02/02/04--01092--003 **900.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/26/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3020056

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DP	CALDWELL, JAMES M.	20490 SUGARLOAF MTN. RD.	CLERMONT FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CALDWELL, JAMES M.
1850 LEE RD.
SUITE 307
WINTER PARK FL 32789

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. or 617.0505, F.S.

Signature of
Registered Agent

James M. Caldwell
REGISTERED AGENT MUST SIGN

Date

1-24-04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James M. Caldwell
President

1/24/04 (407) 740-7788