


**APPLICATION  
FOR  
REINSTATEMENT**



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

1. Corporation Name  
**FIRST LENDERS INSURANCE SERVICES, INC.**

Principal Place of Business	Mailing Address
6745 PHILLIPS IND. BLVD. JACKSONVILLE FL 32256 US	6745 PHILLIPS IND. BLVD. JACKSONVILLE FL 32256 US

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

2. New Principal Office Address, If Applicable <b>13400 Sutton Park Dr. S.</b>		3. New Mailing Office Address, If Applicable <b>13400 Sutton Park Dr. S.</b>	
Suite, Apt. #, etc. <b>Suite 1203</b>		Suite, Apt. #, etc. <b>Suite 1203</b>	
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>	
Zip <b>32224</b>	Country <b>USA</b>	Zip <b>32224</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida 07/09/1990

5. FEI Number 59-3019940

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	Street Address of Each Officer and/or Director	City / State / Zip
CP	SARVADI, GERALD S	6745 PHILLIPS IND. BLVD. 13400 Sutherland Dr. S.	JACKSONVILLE FL 32256 32224
T	BOSKET, VICTORIA L. Parker, Guy W.	6745 PHILLIPS IND. BLVD. 13400 Sutherland Dr. S.	JACKSONVILLE FL 32256 32224
VP	GIBSON, SIDNEY J.	6745 PHILLIPS IND. BLVD.	JACKSONVILLE FL 32256
			800004869958--5 -11/07/01--01003--019 ***750.00 ***750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
SARVADI, GERALD S. <del>6745 PHILLIPS INC. BLVD.</del> <del>JACKSONVILLE FL 32256</del>	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	13400 Sutton Park Dr. S.		
	Suite, Apt. #, Etc. Suite 1203		
	City	State	Zip Code
	Jacksonville	FL	32224

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 Paul S. Smith CO. Date 10/17/01

REGISTERED AGENT MUST SIGN

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: Guy W. Parker - Treasurer 10/19/01 (904) 223-2122