

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

03 OCT 13 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **L90910**

1. Corporation Name

**A-1 AFFORDABLE INSURANCE AGENCY, INC.**

Principal Place of Business

6409 BLANDING BLVD  
JACKSONVILLE FL 32244-3709

Mailing Address

6409 BLANDING BLVD  
JACKSONVILLE FL 32244-3709

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

08/03/1990

5. FEI Number

59-3015916

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 3	City / State / Zip 4
P	CROUSE, CHARLES	1324 HALFMOON TRAIL	JACKSONVILLE FL 32258

100023765301  
10/13/03--01098--006 \*\*150.00

8. Name and Address of Current Registered Agent

CROUSE, CHARLES  
1324 HAMILTON TRAIL  
JACKSONVILLE FL 32258

9. Name and Address of New Registered Agent

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

*Charles Crouse*  
REGISTERED AGENT MUST SIGN

Date **10-9-03**

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:

*Charles Crouse*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-9-03** (904) 771-9777  
Date Daytime Phone #

CR2E040 (7/03)

**A-1 AFFORDABLE INSURANCE AGENCY, INC.  
6409 BLANDING BLVD.  
JACKSONVILLE, FL. 32244  
(904) 771-9777 FAX: (904) 771-9776**

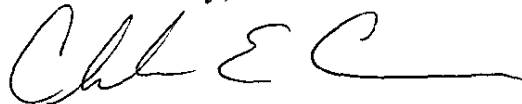
**Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**10/09/03**

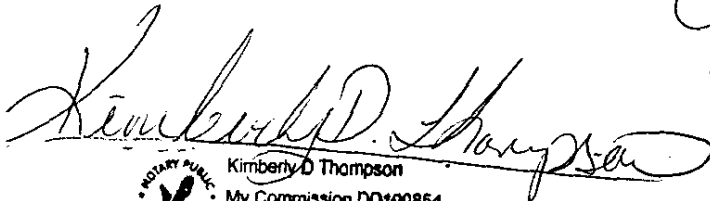
**Re: Uniform Business Report**

**I, Charles Crouse, certify I did not receive the Uniform Business Report for the year 2003. I'm writing a request to please wave the Reinstatement Fee.**

**Sincerely,**



**Charles Crouse**



**Kimberly D. Thompson  
My Commission DD100854  
Expires March 17 2006**

**OCT. 9, 2003**