APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FIORIGINAL

1358.75 DEC -5 AM 8:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable to: Department of State

1. Name and Mailing Address of Corporation

DOCUMENT # M37608

Dennis R. Burgess Insurance Agency, Inc.
112 Valencia
Coral Gabels, FL 33134

2. If Address in Florida of Registered Office shown below is to be changed, enter the correct address below. (The name of the corporation can be changed only by filing an amendment.)

Address

REINSTATEMENT

City and State

89-96
AD

Zip Code

3. Date Incorporated or Qualified to Do Business in Florida: 8/29/86

4. FEI Number: 59-2802926

FEI Number Applied For

FEI Number Not Applicable

5. $8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

Names and Street Addresses of Each Officer and or Director

Title	2 Name of Officers and or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
PRES./SEC.	Dennis R. Burgess	112 Valencia	Coral Gables FL

700002022487--2
-12/06/96--01084--016
***1358.75 ***1358.75

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Dennis R. Burgess
112 Valencia
Coral Gables, FL 33134

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State: FL.

Zip

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 x Dennis R Burgess
REGISTERED AGENT MUST SIGN

Date x 12-2-96

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

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., and that all fees owed by the corporation have been paid. 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 of Officer or Director x Dennis R Burgess Date x 12.2.96 Daytime Phone # x 305 445 2441

Typed or printed name of signing officer or director x DENNIS R BURGESS