

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 APR 10 AM 5:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M86965**

1. Corporation Name

**Vector Underwriting, Inc.**

Principal Place of Business

**1515 S. Orlando Avenue, Suite R  
Maitland, FL 32751**

Mailing Address

**Mail: same**

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 <b>6/20/88</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-2931574</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	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 / State / Zip
<b>Pres.</b>	<b>Samual Randolph</b>	<b>1515 S. Orlando Avenue, St.R</b>	<b>Maitland, FL 32751</b>

**REINSTATEMENT 94-98**

**4-14-98**

**200002489822-1**

**04/15/98-01072-010**

**\*\*\*1358.75 \*\*\*1358.75**

8. Name and Address of Current Registered Agent

**J. Thomas Gurney, Jr., Esq.**  
**934 N. Magnolia Avenue, Suite 322**  
**Orlando, Florida 32803**

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.

Signature of Registered Agent

**J. Thomas Gurney, Jr. REGISTERED AGENT MUST SIGN**

Date

11. This corporation owes or has paid 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:

**Samuel T. Randolph**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**SAMUEL T. RANDOLPH**

**April 3, 1998 407-767-7416**

Date

Daytime Phone #

CR2E040 (1/98)