

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

03 OCT 29 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N41422**

1. Corporation Name

NORTHWEST FLORIDA ASSOCIATION OF HEALTH UNDERWRITERS INC.

Principal Place of Business

Mailing Address

304 W CERVANTES ST
PENSACOLA FL 32501

304 W CERVANTES ST
PENSACOLA FL 32501

AA



REINSTATEMENT 2003

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

12/19/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3062989

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
PD	KITE, DEBRA	304 W CERVANTES STREET	PENSACOLA FL 32501
VD	TORGERSEN, TODD	304 W CERVANTES STREET	GULF BREEZE FL 32561
SD	PARKER, KIM	2190 AIRPORT BLVD # 3000	PENSACOLA FL 32504
C	CAIN, PATRICIA A	1200 MAHOGANY MILL ROAD	PENSACOLA FL 32507
T	KITE, HOWARD R	304 W CERVANTES STREET	PENSACOLA FL 32501

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KITE, DEBRA
304 W CERVANTES STREET
PENSACOLA FL 32501

Name

Street Address (P.O. Box Number is Not Acceptable)

30002433963

Suite, Apt. #, Etc.

10/31/03 01055 010 **236.25

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

Debra Kite
REGISTERED AGENT MUST SIGN

Date

10/28/03

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:

Debra Kite
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/03

Daytime Phone #

8504348123

CR2E040 (7/03)