

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 NOV -3 AM 9:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P0000008522**

1. Corporation Name

JONES INSURANCE GROUP, INC.

Principal Place of Business

Mailing Address

1818 SHERIDAN STREET
 SUITE 202
 HOLLYWOOD FL 33020

1818 SHERIDAN STREET
 SUITE 202
 HOLLYWOOD FL 33020

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

~~12239 Sheridan St.~~

~~1176 Ginger Circle~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

~~Cooper City, FL.~~

~~Weston, FL.~~

Zip

Country

Zip

Country

~~33026~~ ~~USA~~

~~33326~~ ~~USA~~



REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

01/19/2000

5. FEI Number

59-3629163

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	JONES, JEFFREY C	1176 GINGER CIRCLE	WESTON FL 33326
VP	JONES, LINDA C	1176 GINGER CIRCLE	WESTON FL 33326

900024377309
 11/03/03--01045--021 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHN A. KASBAR & COMPANY, INC.
 3880 SHERIDAN STREET
 HOLLYWOOD FL 33021-3634

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

[Signature]
 SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

10/29/03

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEFFREY C. Jones - President 10/29/03

Date

Daytime Phone #

954-410-5900

CR2E040 (7/03)



Allstate.

You're in good hands.

Jones Insurance Group, Inc.
12239 Sheridan St.
Cooper City, FL. 33026

October 29, 2003

Re: Jones Insurance Group, Inc.

Document # P00000008522

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

Dear Department of State,

After receiving the enclosed notice of Administrative Dissolution, I called to find out why this was sent to me. I was advised to write a letter asking for your consideration of waiving the reinstatement fee.

In August of 2002, I purchased another insurance agency located at the above address and merged my existing business into that location. At that time, I put in a change of address, but I see from the enclosed notice that it had not been changed with the State. Because we insure the building owner of our previous location, we were given this recent notice. We received no other notices prior to this "hand delivered" notice.

I have been in the insurance business since 1987 and have been in good standing with all the State requirements throughout that time. I make it a point to prepay all my bills to avoid any interest or late fee charges. I would be very appreciative for your understanding and your consideration to waive this fee.

Respectfully,

Jeffrey C. Jones
President
Jones Insurance Group, Inc.