

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION  
FOR  
REINSTATEMENT

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

FILED

02 DEC 23 AM 10:17

DOCUMENT # **P00000020223**

1. Corporation Name

**GUARANTEE CO., INC.**

SECRETARY OF STATE  
TALLahassee, FLORIDA  
**900009639849**  
12/23/02--01059--027 \*\*750.00



Principal Place of Business

16903 LAKESIDE DRIVE #5  
P.O. BOX 560482  
MONTVERDE FL 34756

Mailing Address

16903 LAKESIDE DRIVE #5  
P.O. BOX 560482  
MONTVERDE FL 34756

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

02/21/2000

5. FEI Number

59-3624363

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
PD	BARNETT, THOMAS L	16903 LAKESIDE DRIVE, #5	MONTVERDE FL 34756
D	ABBOUND, JAMES G	16110 RIDGEWOOD AVE	MONTVERDE FL 34756

REINSTATEMENT 02 17

8. Name and Address of Current Registered Agent

BARNETT, THOMAS L  
16903 LAKESIDE DRIVE #5  
MONTVERDE FL 34756

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 12/17/02

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12-18-02

Daytime Phone #

Daytime Phone #

CR2E040 (8/02)