PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 11 AM 11:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000036617

1. Corporation Name
JIMMIE GILES INSURANCE CORPORATION

REINSTATEMENT 03-04

2. Principal Office Address	**3.** Mailing Office Address
10824 SHELDON ROAD	10824 SHELDON ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
TAMPA, FLORIDA	TAMPA, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 4/11/2000

Zip	Country	Zip	Country
33626	USA	33626	USA

5. FEI Number 59-3641570 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
JIMMIE V. GILES

Street Address (P.O. Box Number is Not Acceptable)
10824 SHELDON ROAD

Suite, Apt. #, Etc.

100028536941
02/11/04--01007--007 **900.00

City	State	Zip Code
TAMPA	FL	33626

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN — Date 2/9/2004

CR2E081 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GILES, JIMMIE V.	10824 SHELDON ROAD	TAMPA, FLORIDA 33626

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #