

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000040716

1. Entity Name
MOTEN-GOLDEN INSURANCE AGENCY, INC.



FILED

05 OCT 11 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
435 CORTEZ RD. WEST
BRADENTON, FL 34207

Mailing Address
435 CORTEZ RD. WEST
BRADENTON, FL 34207



2. Principal Place of Business

2120 MANATEE AVE EAST
Suite, Apt. #, etc.

3. Mailing Address

2120 MANATEE AVE EAST
Suite, Apt. #, etc.

10042005 REIN-P CR2E098 (6/04)

City & State

BRADENTON, FL

City & State

BRADENTON, FL

4. FEI Number

65-1008384

Applied For

Not Applicable

Zip

34208

Country

MANATEE

Zip

34208

Country

MANATEE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOTEN-GOLDEN, MILDRED
435 CORTEZ RD. WEST
BRADENTON, FL 34207

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mildred Moten-Golden

(NOTE: Registered Agent signature required when reinstating)

10/4/05

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME MOTEN-GOLDEN, MILDRED
STREET ADDRESS 1816 5TH STREET, WT
CITY-ST-ZIP PALMETTO, FL 34221 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mildred Moten-Golden

10/4/05

Date

941-745-3669

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR