

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 10 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000047911

1. Corporation Name

JIM GIACINTO INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

1001 ALTERNATE A1A #117
JUPITER FL 33477

1001 ALTERNATE A1A #117
JUPITER FL 33477

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/09/2000

5. FEI Number

65-1007678

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GIACINTO, JIM	1001 ALTERNATE A1A #117	JUPITER FL 33477

000024573640

11/10/03--01114--002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GIACINTO, JIM
1001 ALTERNATE A1A
117
JUPITER FL 33477

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

REGISTERED AGENT MUST SIGN

Date

11/6/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jim Giacinto

11/6/03

581
744
2333

CR2E040 (7/03)

JIM GIACINTO INSURANCE AGENCY, INC.

1001 ALT. A1A STE. 117

JUPITER, FL 33477

PHONE: 561- 744-2333

FAX: 561- 748 7998

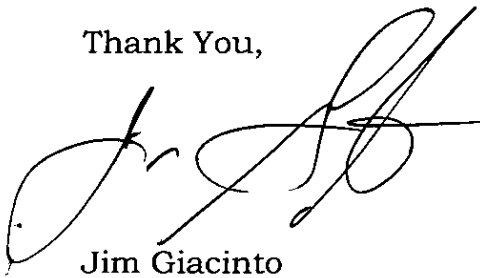
November 6, 2003

Attn.: Department of State

Please accept this request to reinstate my corporation, as I had not received the 2 prior URB notices,

As you can see I have filed on time in the past. Attached is a check for the amount of \$150.00.

Thank You,

A handwritten signature in black ink, appearing to be 'Jim Giacinto', written in a cursive style.

Jim Giacinto