

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 20 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000050400

1. Corporation Name

ALAN R. JONES INSURANCE AGENCY, INC.

2. Principal Office Address - No P.O. Box #

807 VENICE BY PASS

3. Mailing Office Address

807 VENICE BY PASS

Suite, Apt. #, etc. _____

Suite, Apt. #, etc. _____

City & State

VENICE, FLORIDA

City & State

VENICE, FLORIDA

Zip

34285

Country

U.S.

Zip

34285

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/00

5. FEI Number

651011688

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

JONES, ALAN R

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

807 VENICE BY PASS

Suite, Apt. #, Etc.

C

City

VENICE

State

FL

Zip Code

34285



The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

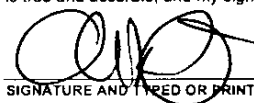
Date 9 / 19 / 07

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
PSTD	JONES, ALAN R	7001 WILDHORSE CIRCLE	SARASOTA, FL 34241
	7/9/21		600103711786 09/20/07--01043--023 ***900.00

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 contained in Chapter 119, 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:



ALAN R. JONES, PRES.

9 / 19 / 07

941-488-5777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #