

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000053348

1. Corporation Name

SANDERSON INSURANCE AGENCY, INC.

Principal Place of Business

1350 S JOHN YOUNG PKWY
SUITE A1
KISSIMMEE FL 34741

Mailing Address

1350 S JOHN YOUNG PKWY
SUITE A1
KISSIMMEE FL 34741

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

06/02/2000

5. FEI Number

59-3646167

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
PSTD	SANDERSON, ROBERT	1350 S JOHN YOUNG PKWY STE A1	KISSIMMEE FL 34741

8. Name and Address of Current Registered Agent

SANDERSON, ROBERT
1350 SOUTH JOHN YOUNG PKWY
SUITE A1
KISSIMMEE FL 34741

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 10/22/02

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

10/22/02

Daytime Phone #

FILED

02 OCT 24 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002 UBR



600008531396

10/24/02--01045--001 **150.00

CR2E040 (8/02)



attachment

2cl2

P00000053348

ROBERT SANDERSON
SANDERSON INSURANCE AGENCY
3607 ROTHBURY DRIVE
ORLANDO, FL 32812

STATE OF FLORIDA
DEPARTMENT OF STATE
JIM SMITH

DEAR SIR:

THE PURPOSE OF THIS LETTER IS TO REINSTATE CORPORATION NOTED ABOVE DUE TO FACT THAT MAILING ADDRESS WAS INCORRECT AN COMPANY DID NOT RECEIVE UBR NOTICES. I HAVE ENCLOSED APPLICATION FOR REINSTATEMENT ALONG WITH CHECK FOR \$150.00.

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT ME.

SINCERELY,

ROBER SANDERSON
PRESIDENT