PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State FILED REINSTATEMENT **DIVISION OF CORPORATIONS** 02 OCT 24 PM 2: 31 DOCUMENT # 000053348 1. Corporation Name SECRETARY OF STATE SANDERSON INSURANCE AGENCY, INC. Principal Place of Business Mailing Address 1350 S JOHN YOUNG PKWY 1350-S JOHN YOUNG PRWY SUITE A1 **SUITE A1** KISSIMMEE FL 34741 KISSIMMEE FL 34741 600008531396 10/24/02--01045--001 **150.00 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 4. Date Incorporated or Qualified ٤. To Do Business in Florida 06/02/2000 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number 3607 ROTHBURY Applied For 59-3646167 City & State City & State Not Applicable ORLA. Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 32812 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director **PSTD** SANDERSON, ROBERT 1350 S JOHN YOUNG PKWY STE A1 KISSIMMEE FL 34741 10/24/02--01045--001--**150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Register d Agent Name SANDERSON, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1350 SOUTH JOHN YOUNG PKWY SUITE A1 Suite, Apt. #, Etc. KISSIMMEE FL 34741 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.

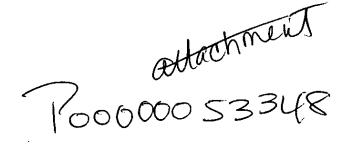
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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:

SIRMATUSEDEQUIRED

10/22/02





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

STATE OF FLORIDA DEPARTMENT OF STATE JIM SMITH

DEAR SIR:

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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