

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 29 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

00000053866

PCS INSURANCE, INC

2. Principal Office Address

4342 CHOKEBERRY ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

4342 CHOKEBERRY ROAD

Suite, Apt. #, etc.

City & State

MIDDLEBURG, FL

City & State

MIDDLEBURG, FL

Zip

Country

32068

Zip

Country

32068

4. Date Incorporated or Qualified
To Do Business in Florida

6/1/2000

5. FEI Number

59-3651819

Applied for

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PATRICIA C SNOW-GRINER

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

4342 CHOKEBERRY ROAD

Suite, Apt. #, Etc.

City

MIDDLEBURG

State

FL

Zip Code

32068

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

Patricia C Snow Griner
REGISTERED AGENT MUST SIGN

Date

4-16-03

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 / Street / Zip
PRES	SAME AS REGISTERED AGENT		
SEC	SAME AS REGISTERED AGENT		
TRES	SAME AS REGISTERED AGENT		

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 under section 119.07(3)(f), 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:

Patricia C Snow Griner, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-16-03

904-291-3627

Daytime Phone #

PATRICIA C SNOW-Griner

9/30