

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 OCT '13 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000056666

1. Corporation Name

JOHN O'NEIL INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

4809 RIDGE PT. DR.  
TAMPA FL 33624

4809 RIDGE PT. DR.  
TAMPA FL 33624

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

06/05/2000

5. FEI Number

65-1026555

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	O'NEIL, JOHN	4809 RIDGE PT. DR.	TAMPA FL 33624

000023748740  
10/13/03--01059--007 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

O'NEIL, JOHN  
4809 RIDGE POINT DRIVE  
TAMPA FL 33624

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

*John O'Neil*  
REGISTERED AGENT MUST SIGN

Date 10-3-03

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:

*JOHN O'NEIL*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/3/03 813-935-7397

CR2E040 (7/03)

10-10-03

DIVISION OF CORPORATIONS,  
TO WHOM IT MAY CONCERN.

I AM ENCLOSING \$150. REASON  
BEING THIS THE FIRST NOTICE I HAVE  
RECEIVED. THIS IS UNDER THE ADVISEMENT  
OF YOUR OFFICE YESTERDAY PER  
TELEPHONE CONVERSATION.

THANK YOU. JOHN O'NEIL