

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P00000063783

1. Corporation Name

RICK LOUX INSURANCE, INC.

Principal Place of Business

5455 JAEGER RD.
NAPLES FL 34109

Mailing Address

5455 JAEGER RD.
NAPLES FL 34109

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

06/28/2000

5. FEI Number

59-3657384

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
PV	LOUX, RICK	5455 JAEGER RD.	NAPLES FL 34109

900008812449

11/05/02--01103--004 **150.00

8. Name and Address of Current Registered Agent

LOUX, RICK
5455 JAEGER RD.
NAPLES FL 34109

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

10/23/02

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

Daytime Phone #

10/23/02 (289-5927171)

CR2ED40 (8/02)

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Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Rick Loux Insurance, Inc.
5455 Jaeger Rd
Naples, FL 34109
Fed ID# 59-3657384

October 28, 2002

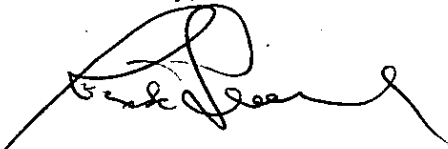
To Whom It May Concern:

I am writing in response to the notice of administrative dissolution of Rick Loux Insurance, Inc (see copies attached).

I have enclosed a check for \$150 to cover the required annual fee. I respectfully request that the corporate status be re-instated at the original renewal cost. I did not intentionally disregard my requirements as a corporate entity. My current health status (recovery from kidney transplant) requires that I spend significant time away from the office. Because I am often away from the job and/or out of the office attending to my customers, an occasional administrative oversight may occur. There was certainly no intentional disregard for this requirement, I simply don't recall receiving the original renewal form and didn't realize the deadline had passed.

Your consideration would be greatly appreciated. Please feel free to contact me if you have any questions or if I can provide you with any further information. Thank you for your attention to this matter.

Sincerely,



Rick Loux
Rick Loux Insurance, Inc.