

10f2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -5 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **000000091777**

1. Corporation Name

Bryan Insurance Agency, Inc.

2. Principal Office Address

20 E Plant St.

3. Mailing Office Address

PO Box 770220

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Garden, Fl

City & State

Winter Garden, Fl

Zip

34787

Country

USA

Zip

34787

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9-25-2000

5. FEI Number

59-2942915

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bettie Bryan

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

20 East Plant St

Suite, Apt. #, Etc.

City

Winter Garden.

State

FL

Zip Code

34787

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

Bettie Bryan

REGISTERED AGENT MUST SIGN

Date

4-22-04

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 / State / Zip
P	Bryan, Bettie	20 East Plant St	Winter Garden, Fl 34787
S/T	Bryan, Stacey	20 East Plant St	Winter Garden, Fl 34787

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)(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:

Bettie Bryan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-22-04 877-0872

Daytime Phone #

CR2E081 (01/04)

2 of 2

BRYAN INSURANCE AGENCY, INC.

20 East Plant Street
P.O. Box 770220
Winter Garden, FL 34777

Phone 407-877-0878
Fax 407-877-8660
bbryan3@attglobal.net

April 22, 2004

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

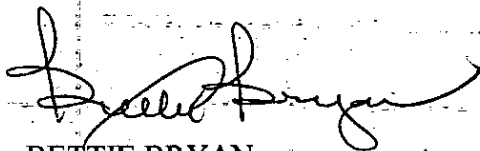
Re: Corporation Reinstatement

Dear Sir or Madam:

Our records indicate that our company never received any correspondence from your department dated June 18, 2003. In calling your office on today's date I was informed that we needed to advise you of our non receipt of this mail and send the enclosed check for \$150.00 in order to reinstate our corporation.

Should you need further information, please call our office at 407-877-0878. Thank you for your help and cooperation in this matter.

Sincerely,



BETTIE BRYAN
President