

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 AUG 27 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000101469

1. Corporation Name

Edelman Insurance Services, Inc

600040578106  
08/27/04-01023-002 \*\*1200.00

2. Principal Office Address

5463 N. STATE Rd 7

Suite, Apt. #, etc.

3. Mailing Office Address

5463 N. ST. Rd 7

Suite, Apt. #, etc.

City & State

Tamarac FL

Zip

33319

Country

USA

City & State

Tamarac FL

Zip

33319

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/98

5. FEI Number

05-1050353

☒ 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

Jeanne J. Edelman

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

5220 S.W. 4 STREET

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33317

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

Jeanne J. Edelman

REGISTERED AGENT MUST SIGN

Date

8/27/04

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
Pres	Jeanne J Edelman	5220 SW 4 ST	Plantation FL 33317

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:

Jeanne J. Edelman Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/24/04 954-736-1112

Daytime Phone #

CR2001 (01/04)