

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 NOV -3 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000102958

1. Corporation Name

OSCAR FOLKS, JR INSURANCE AGENCY, INC

Principal Place of Business

Mailing Address

4819 E BUSCH BLVD  
102  
TAMPA FL 33617

5204 CUMBERLAND DRIVE  
TAMPA FL 33617

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

11/02/2000

5. FEI Number 61-1414118  
59-2338046

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
D	FOLKS, OSCAR JR	5204 CUMBERLAND DRIVE	TAMPA FL 33617
D	FOLKS, JULIA J	5204 CUMBERLAND DRIVE	TAMPA FL 33617

500024377005  
11/03/03--01045--006 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FOLKS, JULIA J  
5204 CUMBERLAND DRIVE  
TAMPA FL 33617

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]*  
REGISTERED AGENT MUST SIGN

Date 10/26/03

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/26/03 813-985-6038

CR2E040 (7/03)



OSCAR FOLKS, Jr., Agent  
Auto - Life - Health - Home and Business

October 28, 2003

4819 East Bush Boulevard, Suite 102 Tampa, Florida 33617  
Phone: Business: (813) 985-6038 Fax: (813) 985-7239

Division of Corporations  
Annual Report/Reinstatement Section  
P O Box 6327  
Tallahassee, FL 32314-6327

Re: Document# P00000102958  
Oscar Folks Jr Insur Agcy, Inc  
FEI Number: 61-1414118

Gentlemen:

Enclosed please find the Application for Reinstatement and our check for --  
\$150.00. This is the third request for correction of FEI number and we have just  
recently received this notice with the old number listed. The new number was changed  
last May, 2002 and no UBR have been received by me previously. I am requesting that  
you accept the reinstatement with appropriate filing fee.

If you have any questions you may contact me at the above noted number.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Oscar Folks, Jr.', written over the printed name.

Oscar Folks, Jr.  
Agent

Cc:Reinstatement  
Fee: \$150.00