

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -6 AM 10: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000112885

1. Corporation Name

GILLETTE INSURANCE
AGENCY, INC.

REINSTATEMENT 07-09

800148811658
04/06/09--01045--001 **450.00
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

18450 PINES BLVD SUITE #207

Suite, Apt. #, etc.

207

3. Mailing Office Address

SUITE #207

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

City & State

Zip Country

33029 BROWARD

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/2000

5. FEI Number

65-1095019

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

SAMUEL EDWARD GILLETTE

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

8435 SW 48 ST

Suite, Apt. #, Etc.

City MIAMI

State FL

Zip Code 33155

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Samuel Edward Gillette

Date 4-2-09

REGISTERED AGENT MUST SIGN

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	SAMUEL E. GILLETTE	8435 SW 48 ST	MIAMI FL 33155

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 contained in Chapter 119, 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: Samuel Edward Gillette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-09 305-951-9795
Date Daytime Phone #

WORK - 954-442-9300