

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000115876

1. Corporation Name

SENIORRESOURCES @ ALL LEE COUNTY INSURANCE AGENC
Y, INC.

Principal Place of Business

Mailing Address

~~3436 MARINATOWN LN STE L-5~~
N FT MYERS FL 00903

~~3436 MARINATOWN LN STE L-5~~
N FT MYERS FL 00903

3436 Marinatown Lane, L-5 3436 Marinatown Lane, L-5

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1061282

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DAIGNEAU, TYLER E	3436 MARINATOWN LN STE L-5 3436 MARINATOWN LANE L-5	N FT MYERS FL 00903

300018022113
05/05/03 01109 017 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAIGNEAU, TYLER E
3436 MARINATOWN LN STE L-5
N FT MYERS FL 00903

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

4/30/03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/03

Daytime Phone #

239-995-2190

CR25040 (8/02)

3436 Marinatown Lane
Suite L-5
N. Ft. Myers, FL 33903




Outside Lee County Only:
Toll Free 1-800-338-7525
Fax (239) 995-6489

4/30/03

Attn: FL. Div of Corp.
Florida Department of State.

Enclosure is the properly signed rein-
statement form along with my check
for the \$300. ~~FEK~~ received.

Please note that address was wrong
and we did not receive previous notices.
This ^{one} was hand delivered from another
Building in our complex. Since Sept
11th 2001 mail has not been dependable.

Thank you

President &
Agent of Record

Office Hours: 9:00 a.m. to 12:00 p.m. • 1:00 p.m. to 5:00 p.m.

The People to People Insurance Agency specializing in Manufactured Home, Medicare, Long-term Care Insurance
Coverages, Annuities, and Estate Conservation planning through the use of Living Trusts