

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000006495

1. Corporation Name

INDEPENDENT INSURANCE AND FINANCIAL GROUP OF BOCA RATON, INC.

Principal Place of Business

20641 BAY BROOKE COURT  
BOCA RATON FL 33498

Mailing Address

20641 BAY BROOKE COURT  
BOCA RATON FL 33498

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/16/2001

5. FEI Number

65-1069867

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
PST	TOW, WENDI S	20641 BAY BROOKE COURT	BOCA RATON FL 33498

8. Name and Address of Current Registered Agent

TOW, WENDI S  
20641 BAY BROOKE COURT  
BOCA RATON FL 33498

9. Name and Address of New Registered Agent

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

Wendi S. Tow

Date

10/20/02

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

Wendi S. Tow

Date

Daytime Phone #

10/20/02

242  
Independent Insurance and Financial Group of Boca Raton Inc.  
20641 Bay Brooke Court Boca Raton, FL 33498

**Wendi S. Tow**  
Licensed Insurance Agent  
561.305.3300

October 20, 2002

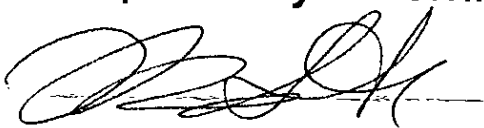
SC05

To Whom this May Concern,

This letter is to inform you that I did NOT receive the first NOR the second Uniform Business Reform Report. If I had gotten them, would have GLADLY paid them in a timely manner. **PLEASE** waive the penalty and accept this check as payment in full and reinstate ASAP. Thanks so much for your prompt attention in this matter.

Respectfully Submitted,

Respectfully



Wendi S. Tow  
President

Document # PO1000006495

00000100