

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -7 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000007074

1. Corporation Name

LIMCANGCO INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

7124 TOWNER TRACE
TALLAHASSEE FL 32312

7124 TOWNER TRACE
TALLAHASSEE FL 32312

2779-A Capital Circle NE
Tallahassee FL 32308

2779-A Capital Circle NE
Tallahassee FL 32308

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

2. New Principal Office Address, if Applicable

2779-A Capital Circle NE
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

2779-A Capital Circle NE
Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32308

Country

Leon

Zip

32308

Country

Leon

2002 UBR

4. Date Incorporated or Qualified To Do Business in Florida 01/19/2001

5. FEI Number ☒ 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	LIMCANGCO, D. MARK	7124 TOWNER TRACE 2004 Eagles Landing Ct	TALLAHASSEE FL 32312

200008877192
11/07/02--01073--012 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LIMCANGCO, D. MARK
7124 TOWNER TRACE
TALLAHASSEE FL 32312

Name

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

2004 Eagles Landing Ct

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

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

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

Daytime Phone #

CF2E040 (8/02)



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Limcangco Insurance Agency
2779-A Capital Circle NE
Tallahassee, Fl. 32312

Dear Sirs,

November 7, 2002

This letter is in regards to not receiving the two prior uniform business report notices. To the best of my knowledge I have not received either of the notices. January of 2002 I was at 7124 Towner Trace Tallahassee, Fl. 32312, February 2002 I moved to 2004 Eagles Landing Court Tallahassee, Fl. 32312. With instruction filed with the postal system my mail was forwarded however I never received the uniform business report notices. This was brought to my attention when I received a Notice of Administrative Dissolution or Revocation. Oddly this information was forwarded. I am requesting a reinstatement. Enclosed is a check for \$150.00.

Regards,

A handwritten signature in black ink, appearing to read "D. Mark Limcangco", with a stylized flourish at the end.

D. Mark Limcangco