

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -2 AM 10:53

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 001000021768

1. Corporation Name

Advantage Insurance Consultants, Inc.

2. Principal Office Address

2611 Shipston Avenue

Suite, Apt. #, etc.

City & State

New Port Richey, Florida

Zip

34655

Country

United States

3. Mailing Office Address

2611 Shipston Avenue

Suite, Apt. #, etc.

City & State

New Port Richey, Florida

Zip

34655

Country

United States

800017808268
05/01/03--01029--001 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

2/24/2001

5. FEI Number

59-3710800

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

Jeffrey Ludy

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

2611 Shipston Avenue

Suite, Apt. #, Etc.

City

New Port Richey,

State

FL

Zip Code

34655

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

Jeffrey Ludy

REGISTERED AGENT MUST SIGN

Date 4-18-03

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
President	Jeffrey Ludy	2611 Shipston Avenue	New Port Richey, Fl. 34655
Vice Pres	Michael Freeman	6204 Rockcross Avenue	New Port Richey, Fl. 34655

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 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:

Jeffrey Ludy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-18-03

Daytime Phone #

727-946-1500

CR2E081 (10/02)

g/5/5

4/16/03

To Whom It May Concern:

Advantage Insurance Consultants, Inc. was recently notified that our corporation had been dissolved and the action was taken based on failure to complete a form addressing changes to the officers involved with the Corporation. This notice was never received. Upon learning of the dissolution of the Corporation, we contacted the Division of Corporations and per Barbara at the Reinstatement Department, we are enclosing a check for our \$150 corporation fee and request that our Corporation be reinstated. Thank you for your attention in this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Mike Freeman", followed by a horizontal line.

Mike Freeman
Vice-President
Advantage Insurance Consultants, Inc.