

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

WD40921365

FILED
04 APR -2 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000088358

1. Corporation Name

APPLE INSURANCE MAIL OF COUNTRYSIDE, INC.

700031754897

04/02/04--01070--006 **1050.00

2. Principal Office Address

2514 McMULLEN BOOTH ROAD

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33761

Country

3. Mailing Office Address

5201 PARK BLVD.

Suite, Apt. #, etc.

City & State

PENELHAS PARK, FL

Zip

33781

Country

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/1/96

5. FEI Number

59-3743008

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

J. PAUL RAYMOND, ESQUIRE

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

625 COURT STREET

Suite, Apt. #, Etc.

SUITE 200

City

CLEARWATER

State

FL

Zip Code

33762

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/19/04

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
CFO	MARK KAPLAN	5201 PARK BLVD.	PENELHAS PARK, FL 33781
C	LEROY A. VANDER DUSEN	4605 S. TAMPAVE TRAIL	SARASOTA, FL 34231

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:

[Signature] CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04
Date

813-731-7728
Daytime Phone #

CR2ED01 (01/04)