

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P01000092803**

1. Corporation Name

**EASTERN STATES CASUALTY AGENCY, INC.**

Principal Place of Business

8301 SANDS POINT BOULEVARD  
TAMARAC FL 33321

Mailing Address

8301 SANDS POINT BOULEVARD  
TAMARAC FL 33321

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.  
**11797 Island Lakes Lane**  
City & State  
**BOCA RATON FL.**

Zip  
**33498** County  
**Palm Beach**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
**11797 Island Lakes Lane**  
City & State  
**BOCA RATON FL.**

Zip  
**33498** County  
**Palm Beach**

4. Date Incorporated or Qualified To Do Business in Florida

**09/21/2001**

5. FEI Number

**22-2211414**

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	ROSSO, STACEY	8301 SANDS POINT BOULEVARD	TAMARAC FL 33321

8. Name and Address of Current Registered Agent

ROSSO, STACEY  
8301 SANDS POINT BOULEVARD  
TAMARAC FL 33321

9. Name and Address of New Registered Agent

Name **ROSSO, STACEY**  
Street Address (P.O. Box Number is Not Acceptable)  
**11797 Island Lakes Lane**  
Suite, Apt. #, Etc.  
City **Boca Raton** State **FL** Zip Code **33498**

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

**2/2/03**

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

**Stacey Rosso** **2/2/03**  
Date Daytime Phone #

2/2/03

DEAR SIR:

PLEASE EXCUSE OUR LATE PAYMENT AND  
FORM DUE TO A RELOCATION. THERE HAS BEEN A  
PROBLEM WITH MAIL. OUR CURRENT ADDRESS IS  
11797 ISLAND LAKES LANE BOCA RATON FL 33498  
WE THANK YOU FOR ANY CONSIDERATION YOU CAN  
EXTEND. THANK YOU.

Stacey Rose

RESPECTFULLY YOURS