

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P01000110996**

1. Corporation Name

INSURANCE REGULATORY COMPLIANCE SERVICES, INC.

Principal Place of Business

**8846 HERITAGE BAY CIRCLE
ORLANDO FL 32836**

Mailing Address

**8846 HERITAGE BAY CIRCLE
ORLANDO FL 32836**

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

11/20/2001

5. FEI Number

42-1528664

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	ZELICH, STEPHEN R	8846 HERITAGE BAY CIRCLE	ORLANDO FL 32836

8. Name and Address of Current Registered Agent

**ZELICH, STEPHEN R
8846 HERITAGE BAY CIRCLE
ORLANDO FL 32836**

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

CR2E040 (8/02)

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
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10-29-02**

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
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-02

Date

Daytime Phone #

ppr20k

October 31, 2002

Division of Corporations
Annual Report/ Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

RE: Insurance Regulatory Compliance Services, Inc.
FEIN: 42-1528664
Document #: P01000110996

Dear Sir or Madam,

This letter is written in response to the revocation of the corporation named "Insurance Regulatory Compliance Services, Inc."

The notice of revocation was the first notice received regarding the necessity of the corporate report. Please accept the enclosed application for reinstatement.

Per my conversation with one of the Department of State employees, I was advised that due to the lack of notice of the required report, the reinstatement fee would be waived. I have enclosed a check for \$150.00 for the Annual Report Fee and Corporate Supplemental fee.

If you should need additional information, please contact me at (321) 217-7797

Your assistance is appreciated.

Sincerely,



Stephen R. Zellich, President
Insurance Regulatory Compliance Services, Inc
88 46 Heritage Bay Circle
Orlando, Florida 32836-5004