

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 APR 29 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000118422

**1. Corporation Name**

LORETTA J. COURSON INSURANCE, INC.

**2. Principal Office Address**

243 TROUT RIVER DRIVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32208

Country

USA

**3. Mailing Office Address**

243 TROUT RIVER DRIVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32208

Country

USA

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

12/14/01

**5. FEI Number**

22-3851032

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

LORETTA J. COURSON

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

243 TROUT RIVER DRIVE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32208

**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

*Loretta J. Courson*  
REGISTERED AGENT MUST SIGN

Date

**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
DPST	LORETTA J. COURSON	243 TROUT RIVER DRIVE	JACKSONVILLE, FL 32208

**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:

*Loretta J. Courson*

LORETTA J. COURSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (10/02)

2 4/30



✓ Income Tax Service  
✓ Financial & Insurance Services  
✓ Accounting & Bookkeeping Services

320 Osceola Avenue  
Jacksonville Beach, FL 32250  
Phone 904/241-2533  
Fax: 904/241-1604  
[www.triplechecktax.com](http://www.triplechecktax.com)

April 24, 2003

Division of Corporations  
Annual Reports Filing  
Post Office Box 6327  
Tallahassee, FL 32314

RE: Profit Corporation Reinstatement  
Document P01000118422 – Loretta J. Courson Insurance, Inc.

Dear Sir/Madam,

Please see the enclosed Corporation Reinstatement for our client listed above. We are requesting that you accept her application and payment of \$150.00, for the year 2002 and \$150.00 for the year 2003 to become current.

Mrs. Courson, President of the above Corporation, did not receive her reports for the referenced periods. Upon our annual review of his account along with your web site, it was determined that she had not filed. She has always filed her government paperwork timely and is very conscientious regarding payment for all yearly fees and taxes.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

A handwritten signature in cursive script that reads 'Heather Copeland'.  
Heather Copeland

Enclosure: Corporate Reinstatement  
Check #1351