

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000010544

1. Corporation Name

JOHN WILSON INSURANCE SERVICES, INC.

Principal Place of Business

Mailing Address

7523 ALOMA AVENUE
SUITE ~~200~~ 200
WINTER PARK FL 32792

7523 ALOMA AVENUE
SUITE ~~200~~ 200
WINTER PARK FL 32792

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/2002

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

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
P	WILSON, JOHNNY W	2710 WRIGHT ROAD	OVIEDO FL 32765
V	WILSON, VICKI F	2710 WRIGHT ROAD	OVIEDO FL 32765

100023853331
10/16/03--01038--006 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILSON, JOHNNY W
7523 ALOMA AVENUE
SUITE ~~200~~ 200
WINTER PARK FL 32792

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]
REGISTERED AGENT MUST SIGN

Date 10-13-03

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

10-13-03

Date

407-468-6988

Daytime Phone #

CR20040 (7/03)

INSURANCE GROUP,
IGCF
OF CENTRAL FLORIDA

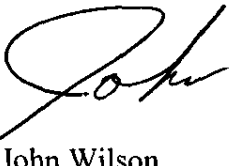
10/13/2003

Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

Dear Department,

I am enclosing an "Application for Reinstatement" for John Wilson Insurance Services, Inc. As per your instruction, I am writing this letter to request that the reinstatement fee be waived. The Reinstatement Application was mailed to wrong address and I am assuming that the two prior business reports were also sent to that location. Someone at that address opened the "Notice of Dissolution" and forwarded it to us. I received it and am putting it back in the mail to you today. I have enclosed a copy of the notice from you showing the address it was sent to and a copy of the envelope used to forward the notice to us from Black Bear Insurance.

Respectfully Submitted,



John Wilson,
President, John Wilson Insurance Services, Inc.

A Member of Financial Centers of America

AUTO • HOME • HEALTH • BUSINESS

7523 Aloma Avenue • Suite 200 • Winter Park, FL 32792 • 407 677 7300 • Fax 407 677 0844