

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 16 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000028635**

1. Corporation Name

**INSURANCE MARKETING SPECIALISTS, INC.**

Principal Place of Business

3733 SOUTHSIDE BOULEVARD  
SUITE 1  
JACKSONVILLE FL 32216

Mailing Address

3733 SOUTHSIDE BOULEVARD  
SUITE 1  
JACKSONVILLE FL 32216

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

03/15/2002

5. FEI Number

030417109

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
PSTD	O'CONNER, RICK	3733 SOUTHSIDE BOULEVARD SUITE 1	JACKSONVILLE FL 32216

400023854474  
10/16/03-01033-024 \*\*150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

Rick O'Connor

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

3733 Southside Blvd.

Suite, Apt. #, Etc.

#1

City

Jacksonville

State

FL

Zip Code

32216

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

*Rick O'Connor*

Date

10-9-03

REGISTERED AGENT MUST SIGN

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:

*Rick O'Connor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-9-03

Daytime Phone #

(904) 364-9010

CR2E040 (7/03)

**Insurance Marketing Specialists, Inc.**  
**3733 Southside Blvd., Suite 1**  
**Jacksonville, FL 32216**  
**904-564-9010**

October 9, 2003

Florida Department of State  
Glenda E. Hood  
Secretary of State  
Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: Insurance Marketing Specialists, Inc.  
Document Number P02000028635

Gentlemen:

Enclosed is the Application for Reinstatement for 2003 for Insurance Marketing Specialists, Inc. I never received the initial Uniform Business Report; since this is a new corporation, I was unaware of this requirement.

Please waive the assessed penalties due to the fact that this failure to file the Uniform Business Report was not intentional negligence on my part.

Sincerely,



Richard C. O'Connor  
President

RCO/arw

Enclosures

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