

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 17 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000061373

1. Corporation Name

APPROVED INSURANCE GROUP, INC.

Principal Place of Business

Mailing Address

1128 DONEGAN AVE.
KISSIMMEE FL 34744

1128 DONEGAN AVE.
KISSIMMEE FL 34744

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

04/29/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

33-1001093

Not Applicable

Zip

Country

Zip

Country

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
D	VAN WINKLE, DIANE S	494 ELKWOOD CT.	KISSIMMEE FL 34743
D	GORE, TERESA R	494 ELKWOOD CT.	KISSIMMEE FL 34743
D	KOMAROV, SERGEY A	494 ELKWOOD CT.	KISSIMMEE FL 34743

500023910305
10/17/03 01071 016 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GORE, TERESA R
494 ELKWOOD CT.
KISSIMMEE FL 34743

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

TERESA R GORE
REGISTERED AGENT MUST SIGN

Date

10/11/03

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:

DIANE VAN WINKLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/03

Daytime Phone #

CR2E040 (7/03)

APPROVED INSURANCE GROUP, INC.
1128 DONEGAN AVENUE
KISSIMMEE, FL. 34744

THIS IS THE FIRST NOTICED WE HAVE
RECEIVED CONCERNING THE UNIFORM
BUSINESS REPORT. PLEASE WAIVE THE
REINSTATEMENT FEE.

THANK YOU,

Diane Van Winkle

DIANE VAN WINKLE
APPROVED INSURANCE GROUP, INC.