

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 # **P02000084861**

1. Corporation Name

FLORIDA HOMEOWNERS INSURANCE ASSOCIATES, INCORPORATED

REINSTATEMENT

FILED

03 NOV 19 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03

Principal Place of Business

Mailing Address

410 CORTEZ ROAD WEST
SUITE #109
BRADENTON FL 34207

410 CORTEZ ROAD WEST
SUITE #109
BRADENTON FL 34207



600024861026

11/19/03--01053--005 **750.00

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

08/06/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

030477034-

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PONDER-MOONEY, LILLIE MS.	8048 TIME SQUARE AVENUE #103 410 CORTEZ RD SUITE 109	ORLANDO FL 32635 BRADENTON FL 34207
D	MOONEY, AUBRI'AN D	410 CORTEZ ROAD SUITE 109	BRADENTON FL 34207

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOONEY, AUBRI'AN D MS.
410 CORTEZ ROAD
SUITE ~~201~~ 109
BRADENTON FL 34207

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

11-19-2003

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-14-2003

Daytime Phone #

CR2E040 (7/03)