

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0405

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD3000025414
 1. Corporation Name
 WILCOXEN INSURANCE SERVICES

2. Principal Office Address 3718 MURRAY DALE DR. Suite, Apt. #, etc.		3. Mailing Office Address 3718 MURRAY DALE DR. Suite, Apt. #, etc.	
City & State VALRICO, FL.		City & State VALRICO, FL.	
Zip 33594	Country USA	Zip 33594	Country USA

4. Date Incorporated or Qualified To Do Business in Florida
MAY 5TH 2003

5. FEI Number 141873727	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
GREGORY DANIEL WILCOXEN

Street Address (P.O. Box Number is Not Acceptable)
3718 MURRAY DALE DR.

Suite, Apt. #, Etc.

City
VALRICO

State
FL

Zip Code
33594

400058010774
 07/28/05--01034--002 **30.00

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 [Signature] Date 7-25-05
 REGISTERED AGENT MUST SIGN

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
OWNER	GREGORY D. WILCOXEN	3718 MURRAY DALE DR.	VALRICO, FL. 33594

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: [Signature] Date 7-25-05 (813) 789-7195
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CRZE081 (01/05)

WILCOXEN INSURANCE SERVICES
3718 Murray Dale Drive
Valrico, FL 33594

Zafz

July 25, 2005

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir:

Attached please find my 2004-2005 Corporation Annual Report and payment for the annual fee of \$150.00 (each) as I did not receive the prior notices.

Sincerely,



Greg Wilcoxen
Wilcoxen Insurance Services, Inc.