

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 24 PM 12: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P03000058985*

1. Corporation Name

DANNY QUILLEN INSURANCE AGENCY, INC

2. Principal Office Address

1324 16th Street

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32960

Country

USA

3. Mailing Office Address

1324 16th Street

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32960

Country

USA

REINSTATEMENT

4-05

4. Date Incorporated or Qualified To Do Business in Florida

5/20/2003

5. FEI Number

36-4532880

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Danny H. Quillen

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

1324 16th Street

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32960

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]

REGISTERED AGENT MUST SIGN

Date *1-20-05*

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
<i>P/S/D</i>	<i>Danny H. Quillen</i>	<i>1770 33rd Avenue</i>	<i>Vero Beach, FL 32960</i>

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01/31/05--01017--004 **308.75

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

1/20/05 772-567-3665

CR2E081 (01/05)