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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 FEB 27 PM 2: 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000087204

1. Corporation Name

LARRY TUGGLE AGENCY INC

REINSTATEMENT 05-08

2. Principal Office Address - No P.O. Box #

921 WEST JAMES LEE BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

921 WEST JAMES LEE BLVD

Suite, Apt. #, etc.

City & State

CRESTVIEW, FL

City & State

CRESTVIEW, FL

Zip

32536

Country

USA

Zip

32536

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 06/04/2004

5. FEI Number

20-1054505

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

LARRY TUGGLE

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

921 WEST JAMES LEE BLVD

Suite, Apt. #, Etc.

City

CRESTVIEW

State

FL

Zip Code

32536



The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Larry Tuggle*

REGISTERED AGENT MUST SIGN

Date

2-20-08

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
PD	LARRY TUGGLE	921 WEST JAMES LEE BLVD	CRESTVIEW, FL 32536

900118924879  
02/27/08--01023--018 \*\*\$00.00

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 contained in Chapter 119, 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

LARRY TUGGLE

Date

2-20-08

850-682-3536

Daytime Phone #

**Larry Tuggle Agency, Inc**  
**921 West James Lee Blvd**  
**Crestview, FL 32536**

February 20, 2008

Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Reinstatement Application – *Larry Tuggle Agency, Inc*  
*P04000087204*

Dear Ladies and Gentlemen:

Enclosed is my application to have the above referenced corporation reinstated with the State of Florida.

As provided for in your instructions, I am respectfully requesting that the reinstatement fee be waived. I did not receive the annual report notice for the year 2005. Because I did not receive the dues notice and renew the corporation for 2005, I also did not receive a notice for 2006, 2007 or 2008.

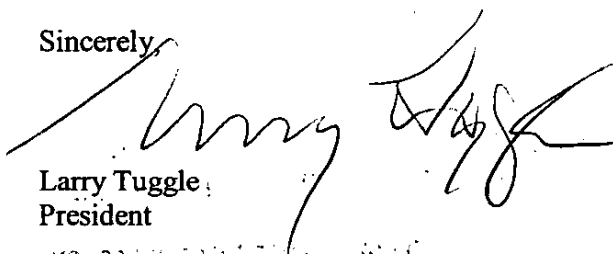
I did not realize that the reports for these years (2005-2007) had not been paid and filed. I thought my accountant automatically did it. The P.O. Box listed as our mailing address was closed many years ago and we now use the address listed at the top of this letter

Based on the explanation in this letter, please accept the enclosed check of \$600.00 to pay the annual fees (\$150 per year) for 2005-2008 and reinstate my corporation as quickly as possible.

Thank you in advance for your favorable consideration of this request.

Please call me if you have any questions or comments.

Sincerely,

  
Larry Tuggle  
President