

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2008 APR 18 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P04000094129**

1. Corporation Name

Town Insurance Services Inc.

**000128783930**  
05/07/08--01043--025 \*\*450.00

CR2E081 (12/07)

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

6010 Duclay Rd.

Suite, Apt. #, etc.

Two

City & State

Jacksonville Florida

Zip

32244

Country

USA

3. Mailing Office Address

6010 Duclay Rd.

Suite, Apt. #, etc.

Suite 2

City & State

Jacksonville Florida

Zip

32244

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06-18-2004

5. FEI Number  
201273367

☐ 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

Tammy J. Williams

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

961 LeBrun DR.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32205

☒ 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

REGISTERED AGENT MUST SIGN

Date 4-18-08

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
Pres.	Tammy J. Williams	961 LeBrun DR.	Jacksonville Florida 32205
V.Pres	Yvonna R. Hopper	9191 103 rd. st.	Jacksonville Florida 32210

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

Date

4/18/08 (904) 477-4985

Daytime Phone #