

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 19 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000120105

1. Corporation Name

LaTulippe Insurance, Inc

REINSTATEMENT 08-10

900170052339
02/22/10--01006--010 **450.00
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # 1300 Bedford Drive		3. Mailing Office Address 1300 Bedford Drive	
Suite, Apt. #, etc. 101		Suite, Apt. #, etc. 101	
City & State Melbourne		City & State Melbourne	
Zip 32940	Country Brevard	Zip 32940	Country Brevard

4. Date Incorporated or Qualified To Do Business in Florida 12/1/2007	
5. FEI Number 261347234	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Christine LaTulippe	
Street Address (P.O. Box Number is Not Acceptable) 4160 Mourning Dove Court	
Suite, Apt. #, Etc.	
City Melbourne	State FL
Zip Code 32934	

☒ 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

Christine LaTulippe
REGISTERED AGENT MUST SIGN

Date 2-16-10

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
P	Christine LaTulippe	4160 Mourning Dove Court	Melbourne, FL 32934

10. E-mail Address: christinealatulippe@allstate.com

(To be used for future annual report notification)

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 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. I further certify, 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:

Christine LaTulippe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-10 321 242-2142

Date

Daytime Phone #