

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 SEP -2 PM 12:14

SECRETARY OF STATE
KATHERINE HARRIS, FLORIDA

DOCUMENT # **P26254**

1. Corporation Name
**INSURANCE OF WARSAW
INC**

Principal Place of Business Mailing Address
**16205 S. TAMMAMI TRAIL #2
FORT MYERS, FL. 33908**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida
9/27/89

5. FEI Number
315-42-7821

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **S875** Additional Fee required
for a Certificate of Status.

REINSTATEMENT **98-9910**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES	CHRISTINE G. NELLANS	SAME	SAME
V.P.	BILL NELLANS	16684 BOKCAI DR. FT. MYERS FL. 33908	33908

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

200002982952--8
-09/09/99--01078--001
******908.75 ****908.75**

Name **BILL NELLANS**
Street Address (P.O. Box Number is Not Acceptable)
16684 BOKCAI DR.
Suite, Apt. #, Etc.
FT. MYERS FL. 33908

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Christine G. Nellans
REGISTERED AGENT MUST SIGN

Date **8/18/99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 taxes 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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

CHRISTINE G. NELLANS
Christine G. Nellans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/99
Date
941-2838
Daytime Phone #

CR25081 (12/98)