

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 DEC -2 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P28955

1. Corporation Name

ADVANTAGE CAPITAL INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

27307 EAST WYATT RD
BLUE SPRINGS MO 64014
US

505 JAMES ROLLO DRIVE
GRAIN VALLEY MO 64029
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

04/11/1990

5. FEI Number

43-1513705

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4. City / State / Zip
DP	ZEITMAN, LEA S.	3525 UNIVERSITY BLVD	HOUSTON TX
V	BURNS, ROBERT G.	27307 EAST WYATT ROAD	BLUE SPRINGS MO
T	BROOKS, MARK S.	7310 FOXSIDE LANE	HUMBLE TX
S	HARDY, GINGER J.	2925 LINDA DR	PEARLAND TX 77584
V	JALLANS, LESLIE B	4905 JESSAMINE	BELLAIRE TX 77401

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

600003067136--0

12/13/99 01004--004

***750.00 ***750.00

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

Leslie B. Jallans
REGISTERED AGENT MUST SIGN

Date 12/01/99

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 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

LESLIE B. JALLANS

11/30/99 713-599-4300
Date Daytime Phone #

KE