

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P36532

1. Corporation Name

INSURANCE MASTER AGENCY, INC.

Principal Place of Business

2727 ALLEN PARKWAY  
SUITE 290  
HOUSTON TX 77019  
US

Mailing Address

2727 ALLEN PARKWAY  
SUITE 290  
HOUSTON TX 77019  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/26/1991

5. FEI Number

76-0162080

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
OPT	BONHAM, JOY R.	2727 ALLEN PARKWAY, #290	HOUSTON TX PLEASE REMOVE
WS	FRAM, FRED	2727 ALLEN PKWY #290	HOUSTON TX PLEASE REMOVE
DIRECTOR PRESIDENT TREASURER	RAY, WILLIAM	2727 ALLEN PKWY, STE 290	HOUSTON, TX 77019
VICE PRESIDENT SECRETARY	BOLDING, MARK	2727 ALLEN PKWY, STE 290	HOUSTON, TX 77019
			000003046580--1 -11/17/99--01005--015 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

JACKSON, FRED C., JR.  
1300 GULF LIFE DRIVE  
SUITE 408  
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name  
CT CORPORATION SYSTEM  
Street Address (P.O. Box Number is Not Acceptable)  
1200 S. PINE ISLAND RD.  
Suite, Apt. #, Etc.  
City  
PLANTATION  
State  
FL  
Zip Code  
33324

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

Jennifer McBurnett

REGISTERED AGENT MUST SIGN

Asst. Secretary

Date 10-27-99

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

10/25/99 (713) 831-3806  
Date Daytime Phone #