


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE**
Katherine Harris
Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 02 MAR 07 PM 3:47

DOCUMENT # P93000002077

1. Corporation Name
 Lane & Associates Insurance Services, Inc.

2. Principal Office Address
 3333 W. Kennedy Blvd.

3. Mailing Office Address
 3333 W. Kennedy Blvd.

Suite, Apt. #, etc.
 Suite 103

Suite, Apt. #, etc.
 Suite 103

City & State
 Tampa, FL

City & State
 Tampa, FL

4. Date Incorporated or Qualified To Do Business in Florida 01/04/1993

5. FEI Number
 593156297

Applied For
 Not Applicable

Zip Country
 33609 USA

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 33609 USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
 Richard W. Lane

Street Address (P.O. Box Number is Not Acceptable)
 3333 W. Kennedy Boulevard

100005110861-0

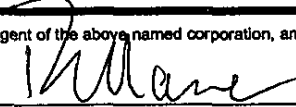
Suite, Apt. #, Etc.
 Suite 103

03/15/02 81049 002
 300.00 **300.00

City
 Tampa

State Zip Code
 FL 33609

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 3/1/02

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
D PST	Richard W. Lane	3333 W. Kennedy Blvd. Suite 103	Tampa, FL 33609

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 under section 119.07(3)(f), 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:  Richard W. Lane, President 813/977-0000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (8/01)