

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000023954

1. Corporation Name

FOR BROOKS INDEPENDENT AUTO INSURANCE OF BLANDING, INC.

FILED

1994 NOV 18 AM 11:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2. Mailing Address

5309 BLANDING BLVD
JACKSONVILLE FL 32210

3. Principal Place of Business

5309 BLANDING BLVD
JACKSONVILLE FL 32210

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

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59 3192316

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	BROOKS, ROBERT M	562 LAKE ASBURY DR 326 Wesley Road	GREEN COVE SPRINGS FL 32043

**600001347366
-12/07/94--01131--015
***375.00L ***375.00**

8. Name and Address of Current Registered Agent

BROOKS, ROBERT M
5309 BLANDING BLVD
JACKSONVILLE FL 32210

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

Robert M Brooks
REGISTERED AGENT MUST SIGN

Date

11-15-94

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

(See instructions for additional information)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See instructions for information on intangible tax)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(j), Florida Statutes. I re-lease the Division of Corporations from any liability of non compliance with Section 119.07(1)(k) in the event that the information supplied is deemed exempt from public access. 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 of 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. and that all fees owed by the corporation have been paid. 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:

Robert M Brooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-94

904 7783600
Daytime Phone