

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED 19-1062

00 APR -3 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000036646

1. Corporation Name

ABSOLUTE INSURANCE SERVICES, INC.

Principal Place of Business

Mailing Address

1841 SO. RIDGEWOOD AVE
SO. DAYTONA FL 32119
US

1841 SO. RIDGEWOOD AVE
SO. DAYTONA FL 32119
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

4. Date Incorporated or Qualified
to Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05/17/1993

City & State

City & State

5. FEI Number

Applied For

S. DAYTONA FL

S. DAYTONA FL

59-3182892

Not Applicable

Zip

Country

Zip

Country

32119

USA

32119

USA

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BOLTON, MARGIE	72 JANA DR	PONCE INLET FL
VP	BOLTON, DONALD W.	75 JANA DR 72 JANA DR	PONCE INLET FL 32127
ST	BOLTON, DONALD W.	46 ASHLEY CT 72 JANA DR	PONCE INLET FL

400003215084-5
-04/19/00-01093-008
****308.75 ****308.75

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOLTON, DONALD W.
1841 S RIDGEWOOD
S. DAYTONA FL 32119

Name

DONALD W. BOLTON

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

2030-1 S. RIDGEWOOD AVE

Suite, Apt. #, Etc.

City

S. DAYTONA

State

FL

Zip Code

32119

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

SIGNATURE REQUIRED

Date 3-27-00

REGISTERED AGENT MUST SIGN

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

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904 322 5880

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ABSOLUTE INSURANCE SERVICE
2030-1 SOUTH RIDGEWOOD AVE
South Daytona, FL 32119-2236
(904) 322-5880

03/28/2000

DEPARTMENT OF STATE
DIVISION OF CORP/REINSTATEMENT
P.O. BOX 6327
TALLAHASSEE FL 32314-6327

RE: ABSOLUTE INS. SERVICES*

RE: ABSOLUTE INSURANCE SERVICES, INC.
#59-3182892

PURSUANT TO MY TELEPHONE CONVERSATION TODAY, I AM ATTACHING
A COPY OF OUR AGENCY CHECK AND A REINSTATEMENT FORM.

APPARANETLY THE FORM TO RENEW OUR COROPORATION WAS SENT
TO OUR OLD ADDRESS AND NEVER FORWARDED TO OUR OFFICE AS
WE MOVED FROM 1841 TO 2030 IN JANUARY OF 1999.

PLEASE PROCESS OUR REQUEST TO REINSTATE THE CORPORATION AND
FORWARD CONFIRMATION. IF YOU HAVE ANY QUESTIONS, PLEASE LET
ME KNOW.

THANK YOU

Sincerely,


DONALD W. BOLTON