

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 12 PM 12:45

DOCUMENT # 993000046479

1. Corporation Name

Emergency Insurance Restoration  
Service, Inc.

2. Principal Office Address

6703 Mott Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32810

Country

Orange

Zip

Orlando FL

Country

Orlando FL

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3190963

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** D4

7. Name and Address of Current Registered Agent

Name

Rosemin Bass

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

6703 Mott Avenue

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32810

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 10/16/04

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
P	<u>Rosemin Bass</u>	<u>6703 Mott Avenue</u>	<u>Orlando, FL 32810</u>

800042191948  
10/26/04--01079--004 \*\*158.75

800042191948  
11/12/04--01053--024 \*\*600.00

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)(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

Date

10/16/04

Daytime Phone #

111/18aw

CR25081 (01/04)