

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000056414

1. Corporation Name

RON MASON INSURANCE AGENCY, INC.

Principal Place of Business

11208 PARK BLVD.
SEMINOLE FL

Mailing Address

P.O. BOX 3651
SEMINOLE FL 34642-0651

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

33772

Country

Zip

33775

Country

4. Date Incorporated or Qualified
To Do Business In Florida

08/09/1993

5. FEI Number

59-3202386

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	MASON, RON	11208 PARK BLVD	SEMINOLE FL-34642 33772

900002392719--8
-01/07/98--01069--011
****165.00 ****165.00

92-98

8. Name and Address of Current Registered Agent

MASON, RON
11208 PARK BLVD.
SEMINOLE FL 34642

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

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

Ron Mason
REGISTERED AGENT MUST SIGN

Date

12-29-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

Ron Mason
President

Date

Daytime Phone #

813/
12-29-97 351-0876

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FILED

97 DEC 31 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (8/97)



RON MASON INSURANCE
RON MASON, Agent
Auto - Life - Health - Home and Business
11208 Park Blvd., Post Office Box 3651
Seminole, Florida 34642 33772
Phone: Bus. (813) 391-0876 Fax. (813) 397-3741

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December 29, 1997

Re: Ron Mason Insurance, Inc.
FEI Number 59 3202386
Document Number P93000056414

To Whom It May Concern:

Please be advised that I did not receive a notice to file the annual fee or annual report, nor any late notice, etc until I received the enclosed Application for Reinstatement.

In speaking with your staff today, they advised that I should put this information in writing and submit this application together with the enclosed \$165.00 fee and that this would be acceptable.

I have been in business at this address for almost 30 years and have been incorporated for at least four years.

Thank you and please let me know if I can assist you further. Otherwise, I will assume this corporation continues as it has in the past.

Yours very truly,

A handwritten signature in cursive script, appearing to read "Ron Mason, President".

Ron Mason, Agent
President, Ron Mason Insurance Agency, Inc.