

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000018226

00 DEC 13 PM 1:16

1. Corporation Name

LENDERS INSURANCE CONSULTANTS, INC.

Principal Place of Business

Mailing Address

14137 PINE ISLAND DRIVE
JACKSONVILLE FL 32224

14137 PINE ISLAND DRIVE
JACKSONVILLE FL 32224



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

2. New Principal Office Address, If Applicable

1286 Prince Ct.

3. New Mailing Office Address, If Applicable

1286 Prince Ct.

Suite, Apt. #, etc.

Heathrow

Suite, Apt. #, etc.

Heathrow

City & State

FL.

City & State

FL

Zip
32746

Country

Seminole

Zip
32746

Country

Seminole

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1994

5. FEI Number

59-3247672

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	4 City / State / Zip
DP	PAYNE, ROBERT D	14137 PINE ISLAND DRIVE 1286 Prince Ct.	JACKSONVILLE FL 32224 Heathrow, FL 32746
CFO	Payne, Elizabeth A.	1286 Prince Ct.	Heathrow, FL 32746
			400003506154-4 -12/19/00-01079-016 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

PAYNE, ROBERT D
14137 PINE ISLAND DRIVE
JACKSONVILLE FL 32224

9. Name and Address of New Registered Agent

Name

Robert D Payne

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

1286 Prince Ct.

Suite, Apt. #, Etc.

Heathrow

City

Heathrow

State

FL

Zip Code

32746

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

REGISTERED AGENT MUST SIGN

Date 12/9/00

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 indicated 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 #

12/9/00 (407) 804 9590