

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 17 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000042710

1. Corporation Name

HOMETOWN QUALITY INSURANCE MKT, INC.

2. Principal Office Address

2667 BRIAR OAK CIR.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

Zip

34232

Country

USA

Zip

Country

REINSTATEMENT (12/05)

04-06

4. Date Incorporated or Qualified
To Do Business In Florida

5. FEI Number

59-3248989

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BETH ANN YORK

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

2667 BRIAR OAK CIRCLE

Suite, Apt. #, Etc.

000066555260

02/24/06--01012--020 **450 00

City

SARASOTA

State

FL

Zip Code

34232

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

Beth Ann York

REGISTERED AGENT MUST SIGN

Date

2/13/06

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
<u>D.</u> <u>PRES.</u>	<u>CHARLES D. YORK</u>	<u>2667 BRIAR OAK CIRCLE</u>	<u>SARASOTA, FL 34232</u>

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 contained in Chapter 119, 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:

C. Mitchell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/06

Date

941 377 7538

Daytime Phone #

B. Mitchell

FEB 20 2006

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Department of State
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

RE: Document #P94000042710

To Whom It May Concern:

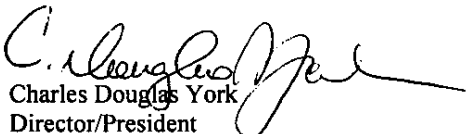
It was recently brought to my attention by my accountant that Hometown Quality Insurance Marketing, Inc. was dissolved back in October 2004. We had some devastating financial hardships and many things slipped through the cracks that year. I'm sorry to report that this was one of them. I would very much like to reinstate the company and can honestly say that I never received any renewal notices. Below is the correct mailing address for the business as well as a contact number for me. I have also enclosed a check for the 2004-2006 renewal years.

Please let me know if I have not enclosed the correct amount of money that is due for the reinstatement. Thank you for your consideration.

Mailing Address:

2667 Briar Oak Circle
Sarasota, FL 34231
(941) 377-7538
(941) 379-0466 (Fax)

Sincerely,


Charles Douglas York
Director/President