

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FOR
REINSTATEMENT



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 AM 9:04

DOCUMENT # P94000047754

1. Corporation Name

JIM SINES INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

714 79TH CIRCLE SOUTH
ST. PETERSBURG FL 33707

714 79TH CIRCLE SOUTH
ST. PETERSBURG FL 33707



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

06/22/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3248860

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SINES, JAMES J	714 79TH CIRCLE S.	ST. PETERSBURG FL 33707
			000004649390--4 -10/23/01--01022--017 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SINES, JAMES J
714 79TH CIRCLE SOUTH
ST. PETERSBURG FL 33707

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/10/01

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

10/10/01
Date

(727) 381 8881
Daytime Phone #

CR2040 (8/01)

Jim Sines Insurance Agency
714 79th Circle S.
St. Petersburg, FL 33707

Phone 727-381-8881
Fax 727-381-8883

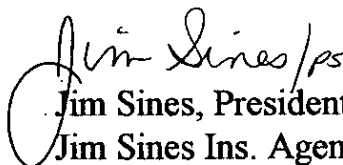
October 12, 2001

Florida Department of State
Division of Corporations
Annual Report/Reinstmt. Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Per my conversation with your office, I never received the original application to renew my corporate status with the state of Florida. Please reinstatement my Corporation immediately. I have enclosed the proper application for reinstatement and check. Thank you for your attention in this matter.

Sincerely,


Jim Sines, President
Jim Sines Ins. Agency, Inc.

ps

Enc.