

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P94000060516

1. Corporation Name

BRUNER'S INSURANCE OF NORTH TAMPA, INC.

Principal Place of Business

1515 E. FLETCHER AVE  
STE. A  
TAMPA FL 33612  
US

Mailing Address

1515 E. FLETCHER AVE  
STE. A  
TAMPA FL 33612  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/15/1994

5. FEI Number

59-3263932

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	<del>WILLIAMS, LORRAINE H.</del> RONALD J. HOFFER	<del>113 OAK LANE</del> Box 1566	<del>TAMPA FL 33618</del> LUTZ, FL 33549
			400004700544--8
			-11/30/01--01055--010
			****715.00 ****715.00

8. Name and Address of Current Registered Agent

~~WILLIAMS, LORRAINE H.~~  
113 OAK LANE  
TAMPA FL 33618

9. Name and Address of New Registered Agent

Name RONALD J. HOFFER  
Street Address (P.O. Box Number is Not Acceptable)  
1515 E FLETCHER AV. Ste. A.  
Suite, Apt. #, Etc. Ste. A.  
City TAMPA State FL Zip Code 33612

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

*Ronald J. Hoffer*  
REGISTERED AGENT MUST SIGN

Date 11-3-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ronald J. Hoffer*  
RONALD J. HOFFER

Date

Daytime Phone #

11-3-01 813-971-4997

FILED

01 NOV -6 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 2001

CR2E040 (8/01)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,  
the undersigned corporation organized under the laws of the State of FLORIDA  
submits the following statement in order to change its registered office or registered agent, or both, in  
the State of Florida.

1. The name of the corporation : BRUNERS INSURANCE OF NORTH TAMPA  
INC.
2. The mailing address of the corporation : 1515 E. FLETCHER AV. STE. A.
3. Date of incorporation/qualification: 8/15/94 Document number: P94006060516
4. The name and address of the current registered agent and office:

LORRAINE H. WILLIAMS <sup>or</sup>  
1515 E. FLETCHER AV STE. A. 113 OAK LN  
TAMPA, FL. 33612 TAMPA, FL.

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

RONALD J. HOFFER  
1515 E. FLETCHER AV. STE. A.  
TAMPA, FL. 33612

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Ronald J. Hoffer Chairman and President 10-11-01  
(Signature of an officer, chairman or vice chairman of the board) (Date)

RONALD J. HOFFER CHAIRMAN & PRESIDENT  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Ronald J. Hoffer 10-11-01  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

RONALD J. HOFFER REGISTERED AGENT  
(Typed or Printed Name) (Capacity)

\* \* \* FILING FEE: \$35.00 \* \* \*