

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT

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

APPROVED
AND
FILED

DOCUMENT # **P94000061606**

1. Corporation Name
Coastal Underwriters of N.W. Fla. Inc

98 DEC -4 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**608 N. MAIN ST
Chiefland, FL 32626**

Mailing Address
**P.O. Box 2300
Chiefland, FL 32644**

700002706677--1
-12/08/98--01084--010
******150.00 ****150.00**

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

2. New Principal Office Address, If Applicable 608 N. MAIN ST.		3. New Mailing Office Address, If Applicable P.O. Box 2300		4. Date Incorporated or Qualified To Do Business in Florida 8-22-98	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-321688	
City & State Chiefland FL		City & State Chiefland FL		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip 32626	Country U.S.A.	Zip 32644	Country U.S.A.	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres	Dolores J. Sapsin	8751 N.W. 52 nd Ave	Chiefland, FL 32626
V-Pres	Lee M. Sapsin	8751 N.W. 52 nd Ave	Chiefland, FL 32626
Sec.	Kathy J. Sapsin	8751 N.W. 52 nd Ave	Chiefland, FL 32626
Treas	Lee A. Sapsin	8751 N.W. 52 nd Ave	Chiefland, FL 32626

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Dolores J. Sapsin 8751 N.W. 52 nd Ave Chiefland, FL 32626		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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 **Dolores J. Sapsin** Date **12/3/98**

REGISTERED AGENT MUST SIGN

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: **Dolores J. Sapsin** **Dolores J. Sapsin** **12/3/98** **352-493-1001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (1/98)

AMERIWAY INSURANCE OF CHIEFLAND

P.O. BOX 2300
608 N. MAIN ST.
CHIEFLAND, FL. 32644

352-493-1001 352-498-6001 FAX 352-493-0711

STATE OF FLORIDA
DIVISION OF CORPORATIONS

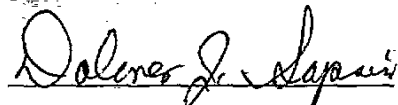
TO WHOM IT MAY CONCERN,

AS PER TELEPHONE CONVERSATION OF DEC. 3, 1998. WE ARE ENCLOSING THE FORM TO
REINSTATE OUR CORP.

THE ORIGINAL ANNUAL REPORT WAS SENT TO 616 N. MAIN ST. CHIEFLAND, FL. WE HAD
MOVED, AND THE BUSINESS THAT IS NOW IN THAT LOCATION DID NOT FORWARD THE
FORMS TO US, HAD WE RECEIVED THEM, WE WOULD HAVE SENT THEM IN.

OUR NEW ADDRESS IS ON THE ENCLOSED FORM, SO WE SHOULD NOT HAVE THIS
PROBLEM AGAIN.

SINCERELY,



COASTAL UNDERWRITER OF NW FL.
D.B.A. AMERIWAY INSURANCE OF CHIEFLAND