


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION**  **FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

FILED

03 MAR 28 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000061606

1. Corporation Name

Coastal Underwriters of  
North West Florida, Inc.

2. Principal Office Address

608 N. Main St.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 2300

Suite, Apt. #, etc.

City & State

Chiefland, Fla

City & State

Chiefland, Fla

Zip

32624

Country

USA

Zip

32644

Country

USA

600014911456

03/28/03--01059--010 \*\*300.00

02-03 UBR

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3261688

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

Barbara L. Wise

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

5191 NW 86th St.

Suite, Apt. #, Etc.

City

Chiefland

State

FL

Zip Code

32626

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

Barbara L. Wise

REGISTERED AGENT MUST SIGN

Date 3/19/2003

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
Pres	Barbara L. Wise	5191 NW 86th St.	Chiefland, Fla 32626
VP	Zayanne D. Wise	5191 NW 86th St.	Chiefland Fla 32626
Sec	Eddie M. Edwards	5191 NW 86th St.	Chiefland, Fla 32626
Tres	Eddie M. Edwards	5191 NW 86th St.	Chiefland Fla 32626
		02-03 UBR TS	

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 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

Barbara L. Wise Barbara L. Wise 3/19/03 3524931001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (1/02)

## Americanway Insurance of Chiefland

608 N. Main Street ♦ Chiefland, Florida 32626  
Phone 352-493-1001 ♦ Fax 352-493-0711 ♦ Email ameriway@svic.net

*psyewr*

March 25, 2003

Dear Department of State, Division of Corporations,

I'm hoping you will accept last years corporate report as well as this years with no penalties.

Last years report was sent out April 4, 2002, It wasn't until we didn't receive this years form that I discovered thur calls to your office that you never received last years report. Due to many computer problems, and having to change accountants mid year, it was never brought to my attention that last years check sent to you had never been cashed. We also were never sent, or received and second notice that your office said I should have received, nor any disillusion of corporation that they said I also should have received.

Please accept our apologies.

Sincerely,

*Barbara L Wise*

Barbara L Wise Agent & Co-Owner

copy of last years report is attached.