

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000015266

1. Corporation Name

SAFETY HARBOR INSURANCE
& INVESTMENTS

Principal Place of Business

835 MAIN ST.
SAFETY HARBOR
FLA, 34695

Mailing Address

Box 1092
SAFETY HARBOR
FLA, 34695

99 FEB 25 AM 10:49

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-99

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

2/19/96

5. FEI Number

59-3285257

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)

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	DALE CHASTEN	835 MAIN ST. SAFETY HARBOR, FL, 34695	
V.P.	MARIE CHASTEN	835 MAIN ST. SAFETY HARBOR, FL, 34695	

(Signature)

000002792539-1
-03/02/99--01076--003
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

MARIE CHASTEN
835 MAIN ST.
SAFETY HARBOR
FLA, 34695

9. Name and Address of New Registered Agent

Name
DALE CHASTEN
Street Address (P.O. Box Number is Not Acceptable)
835 MAIN ST.
Suite, Apt. #, Etc.
SAFETY HARBOR
City
State
FL
Zip Code
34695

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 of Marie Chasten)

REGISTERED AGENT MUST SIGN

Date

2/23/99

11. This corporation owes 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:

(Signature of Dale Chasten)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
2/23/99
Daytime Phone #

CR2E081 (12-98)