

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -2 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 96000047932

1. Corporation Name

APPLE INSURANCE MALL OF BRADENTON INC.

500031754995

04/02/04--01070--008 **300.00

2. Principal Office Address

6233A 14TH STREET WEST
Suite, Apt. #, etc.

3. Mailing Office Address

5201 PARK BOULEVARD
Suite, Apt. #, etc.

City & State

BRADENTON FL

City & State

PINELLAS PARK FL

Zip

34207

Country

USA

Zip

33781

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/1/94

5. FEI Number

65-0665496

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

J. PAUL RAYMOND, ESQ.

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

625 COURT STREET

Suite, Apt. #, Etc.

SUITE 200

City

CLEARWATER

State

FL

Zip Code

33756

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

Paul Raymond

REGISTERED AGENT MUST SIGN

Date 3/19/04

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
CEO	MARK KAPLAN	5201 PARK BLVD.	PINELLAS PARK, FL 33781
C	LEROY A. VANDERPUTTEN	4605 S. TAMPA TRAIL	SARASOTA, FL 34231

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:

Mark Kaplan CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/04

Date

813-731-7778

Daytime Phone #

CR2081 (01/04)