

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

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DOCUMENT # P96000086787

1. Corporation Name

ACCOUNTFIRST INSURANCE SERVICES, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1123 LASALLE STREET  
JACKSONVILLE FL 32207

Mailing Address

1123 LASALLE STREET  
JACKSONVILLE FL 32207

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

2. New Principal Office Address, If Applicable

5627 ATLANTIC BLVD.

Suite, Apt. #, etc.

SUITE ONE

City & State

JACKSONVILLE FLORIDA

Zip

32207

Country

U.S.A

3. New Mailing Office Address, If Applicable

P.O. Box 37046

Suite, Apt. #, etc.

City & State

JACKSONVILLE FLORIDA

Zip

32236

Country

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

10/18/1996

5. FEI Number

59-3401300

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ ~~Other~~

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DIRECTOR	SCOTT P. FRYE	1747 BROKEN BOW DRIVE WEST	JACKSONVILLE, FLORIDA 32225
SEC/TREAS. DIRECTOR	KATRINA ANN SMITH	2111 HUGH EDWARDS DRIVE	JACKSONVILLE, FLORIDA 32210

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, LOUIS F III

1123 LASALLE STREET  
JACKSONVILLE FL 32207

Name

LOUIS F. SMITH III

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

5627 ATLANTIC BLVD

Suite, Apt. #, Etc.

SUITE ONE

City

JACKSONVILLE

State

FL

Zip Code

32207

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]*

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 1/5/2000

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00  
Date

(904) 721-1088  
Daytime Phone #