

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000009627

1. Corporation Name

CUSTOM INSURANCE OF FLORIDA, INC.

Principal Place of Business

333 SOUTH TAMiami TR  
SUITE 323  
VENICE FL 34285  
US

Mailing Address

6575 PEACHTREE IND BLVD  
SUITE 200  
NORCROSS GA 30092  
US

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 Date  
To Do Business in Florida

07/30/1997

5. FEI Number

65-0742912

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$575.00 (Fees for preparation  
of 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	4 City / State / Zip
PVST	MANN, LEWIS F JR.	4400 NORTH FEDERAL HIGHWAY, SUIT	BOCA RATON FL 33431
D	MANN, LEWIS F JR.	4400 NORTH FEDERAL HIGHWAY, SUIT	BOCA RATON FL 33431

600003032936-5  
-11/02/99--01090--002  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

SCHWARTZ, ANDREW M ESQUIRE  
1701 WEST HILLSBORO BLVD., SUITE 308  
DEERFIELD BEACH FL 33442

9. Name and Address of New Registered Agent

Name  
Connie Pecori Crews, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
660 E. Jefferson St.  
Suite, Apt. #, Etc.

City  
Tallahassee

State  
FL

Zip Code  
32301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of  
Registered Agent

*Connie Pecori Crews*  
REGISTERED AGENT MUST SIGN

Date 10/21/99

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sam F. Mann Jr.*

10/11/99 (770) 453-  
7511  
EXT. 8101

FILED

99 OCT 22 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

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CP22040 (8/99)