

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

98 DEC 31 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA70000082476

1. Corporation Name

Advance Insurance and Financial Services, Inc.

Principal Place of Business

Mailing Address

54 N.W. Beal Parkway  
Fort Walton Beach, FL 32548

54 N.W. Beal Parkway  
Fort Walton Beach, FL 32548

REINSTATEMENT 18

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida  
09/23/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For  
☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	Adrienne Parker	54 N.W. Beal Parkway	Fort Walton Beach, FL 32548
T	Adrienne Parker	54 N.W. Beal Parkway	Fort Walton Beach, FL 32548
			600002735806--2 -01/11/99--01005--021 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301

Name

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

54 N.W. Beal Parkway  
Suite, Apt. #, Etc.

City

Fort Walton Beach

State

FL

Zip Code

32548

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

Adrienne Parker  
REGISTERED AGENT MUST SIGN

Date 12/30/98

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:

Adrienne Parker  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Adrienne Parker

12/30/98  
Date

664-2767  
Daytime Phone #

CR2ED40 (1/98)