

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # P97000100379

1. Corporation Name

TOM PUTNAM INSURANCE, INC.

Principal Place of Business Mailing Address
10480 STRINGFELLOW RD. STE. #5 10480 STRINGFELLOW RD. STE. #5
ST. JAMES CITY FL 33956 ST. JAMES CITY FL 33956



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/24/1997	
City & State		City & State		5. FEI Number	
Zip		Country		65-0374017	
				Applied For	
				Not Applicable	
				CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	Thomas H. Putnam	10480 Stringfellow Road	St James City, FL 33956

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PUTNAM, TOM 10480 STRINGFELLOW RD. STE. #5 ST. JAMES CITY FL 33956	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code FL

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] **REQUIRED** Date 12-18-97
REGISTERED AGENT MUST SIGN

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] **REQUIRED** Date 12/18/98 Daytime Phone # 941-283-6136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Tom Putnam

CR2E040 (9/98)