

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -5 PM 5:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000103620

1. Corporation Name

David A. Kossak Insurance Agency, Inc.

2. Principal Office Address

9995 Gate Parkway North

Suite, Apt. #, etc.

Suite 320

City & State

Jacksonville, FL

Zip

32246

Country

Duval

3. Mailing Office Address

9995 Gate Parkway North

Suite, Apt. #, etc.

Suite 320

City & State

Jacksonville, FL

Zip

32246

Country

Duval

REINSTATEMENT

02-04

4. Date Incorporated or Qualified

To Do Business in Florida 12/8/1997

5. FEI Number

59-3488893

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

David A. Kossak

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

9995 Gate Parkway North

Suite, Apt. #, Etc.

Suite 320

City

Jacksonville

State
FL

Zip Code
32246

400035542804

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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

David A. Kossak

Date 4/28/04

REGISTERED AGENT MUST SIGN

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
P	David A. Kossak	9995 Gate Parkway North, Suite 320	Jacksonville, FL 32246

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)(l), 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

4/28/04

Date

(904) 645-5558

Daytime Phone #

CR2ED81 (01/04)