

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 27 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

PA8000047530

1. Corporation Name

Ravan Insurance Agency, Inc.

Principal Place of Business

Mailing Address

184 Eglin Parkway, Suite 9  
Ft. Walton Beach, FL 32548

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

NA

4. Date Incorporated or Qualified  
To Do Business in Florida

5/27/98

5. FEI Number

59=3516503

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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
Pres.	Bruce Ravan	184 Eglin Parkway, Suite 9	Ft. Walton Beach, FL 32548

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\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Bruce Ravan  
184 Eglin Parkway, Suite 9  
Ft. Walton Beach, FL 32548

Name

BRUCE RAVAN

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

184 EGLIN PARKWAY, Suite 9

Suite, Apt. #, Etc.

Suite 9

City

Ft. Walton Bch.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-20-99

11. This corporation owes 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.

KE

SIGNATURE: Bruce Ravan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Dec 1 1999

Date

Daytime Phone #

(850) 664-234