

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 #

PA80000047530

1. Corporation Name

Ravan Insurance Agency, Inc.

Principal Place of Business

Mailing Address

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

REINSTATEMENT

NA

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

5/27/98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3516503

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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

500003087575--6  
-01704/00--01066--003  
\*\*\*\*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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 1 1999

Date

(850) 664-234

Daytime Phone #