

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
BUSINESS CORPORATIONS

FILED

02 OCT 30 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000063736

1. Corporation Name

ALL-PRO INSURANCE ASSOCIATES INCORPORATED

Principal Place of Business

221 W. WATERS AVE., STE. B
TAMPA FL 33614

Mailing Address

P.O. BOX 151745
TAMPA FL 33684-1745

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

07/17/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3505457

Applied For

City & State

City & State

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GAGNON, RONALD A	5025 SPRINGWOOD DR	TAMPA FL 33624

8000008696798
10/30/02 01044-019 **150.00

8. Name and Address of Current Registered Agent

TESTA, PHILIP J
4726 B N LOIS AVE
TAMPA FL 33614

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/25/02

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-25-02

CR2E040 (8/02)

**ALL-PRO INSURANCE
ASSOCIATES, INC**

221 WEST WATERS AVE. SUITE B TAMPA, FL 33614
P.O. BOX 151745 TAMPA, FLORIDA 33684-1745 HILLSBOROUGH
PHONE: (813) 936-7PRO (7776) - FAX: (813) 931-3737

"Your Insurance Professionals"

OCTOBER 25, 2002

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314**

**RE: CORPORATE FILING
DOCUMENT# P98000063736**

**TO WHOM IT MAY CONCERN;
PLEASE BE ADVISED THIS IS THE FIRST NOTIFICATION
RECEIVED BY THIS AGENCY CONCERNING THE RENEWAL
OF OUR CORPORATE FILING. PLEASE BE ADVISED THIS
AGENCY HAS NOT RECEIVED ANY PRIOR NOTIFICATIONS
REGARDING OUR RENEWAL. PLEASE ACCEPT THE
ENCLOSED REINSTATEMENT APPLICATION, AS THIS
AGENCY; ALL-PRO INSURANCE ASSOCIATES,inc. DOES
WISH THE RENEWAL OF THE CORPORATE FILING TO BE
FILED AND NOT DISSOLVED. I, HEREBY RESPECTIVELY
SUBMIT THIS APPLICATION FOR YOUR CONSIDERATION.**

**THANK YOU
SINCERELY**


**R.A. GAGNON
president**