

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000077934

1. Corporation Name

CUSTOM INSURANCE OF TAMPA BAY, INC.

2. Principal Office Address

8405 North Himes Avenue

Suite, Apt. #, etc.

Suite 107

City & State

Tampa, Florida 33614

Zip

Country

3. Mailing Office Address

8405 North Himes Avenue

Suite, Apt. #, etc.

Suite 107

City & State

Tampa, Florida 33614

Zip

Country

REINSTATEMENT

02-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-1798195

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

Armando F. Mizio

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

25400 U.S. Hwy. 19 North - Suite 210

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33763

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

Armando F. Mizio

Date 11-04-2005

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
PSTD	Scott R. Ferland	1607 Allens Ridge Drive N.	Palm Harbor, FL 34683

700061259377
11/08/05--01045--009 **750.00

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)(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:

Scott R. Ferland

Scott R. Ferland

11/04/05

(813) 935-1546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

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CUSTOM INSURANCE OF TAMPA BAY, INC.
8405 North Himes Avenue – Suite 107
Tampa, Florida 33614
Telephone (813) 935-1546

November 4, 2005

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
Attn: Reinstatement Section

To Whom It May Concern:

Enclosed is our Check Number 6135 dated November 4, 2005 in the amount of Seven Hundred & Fifty Dollars and the Corporation Reinstatement Form for Document Number P98000077934 as requested by today's telephone conversation with your office, reinstate corporation for 2002, 2003, 2004, 2005 and 2006.

Please note, we never received the notification of any notification concerning the corporation's renewal.

If you need any additional information, please do not hesitate to contact me.

Encl.

Sincerely yours,



Scott R. Ferland
President