

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000081817

1. Corporation Name

AMERICAN INSURANCE & TAX, INC.

Principal Place of Business

6349
5831 103 STREET
JACKSONVILLE FL 32210
US

Mailing Address

6531 103 STREET
JACKSONVILLE FL 32210
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6349 103rd ST
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

6349 103rd ST
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/1998

5. FEI Number

59-3535566

Applied For

Not Applicable

City & State

JACKSONVILLE FL
Zip 32210 Country USA

City & State

JACKSONVILLE FL
Zip 32210 Country USA

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GATZA, W.G.	537 MADISON AVENUE	ORANGE PARK FL 32065

300003448193--4
-11/02/00--01013--011
****750.00 ****750.00

8. Name and Address of Current Registered Agent

GATZA, W G
6531 103 STREET
JACKSONVILLE FL 32210

9. Name and Address of New Registered Agent

Name

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

6349 103rd ST.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32210

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

W. G. Gatza
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-17-2000

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:

W. G. Gatza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-2000

Date

Daytime Phone #

KE

CR2E040 (6/00)