

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 11 PM 5:03

DOCUMENT # P98000084304

1. Corporation Name

INSURE FIRE & WATER RESTORATION, INC.

Principal Place of Business
4725
2255 NORTH COURTNEY PARKWAY
MERRITT ISLAND FL 32953

Mailing Address
4725
2255 NORTH COURTNEY PARKWAY
MERRITT ISLAND FL 32953



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable

4725 North Courtenay Pkwy
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4725 North Courtenay Pkwy
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/1998

5. FEI Number

59-3536844

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State
Merritt Island, FL
Zip 32953 Country USA

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Merritt Island, FL
Zip 32953 Country USA

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	4 City / State / Zip
DCFO	BIANCO, ROSALIE	2255 NORTH COURTNEY PARKWAY 4725	MERRITT ISLAND FL 32953
Pres.	COWAN, WILLIAM	2685 SANTA FE DR F5 2665 S. Santa Fe DR F5	DENVER CO 80223
ST	SLAWSON, DEBORAH	2255 N COURTENAY PKWY 4725	MERRITT ISLAND FL 32953
VP	Bo D'Avanzo	2665 S. Santa Fe DR F5	Denver CO 80223
			100003508651--0 -12/20/00--01045--008 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

BIANCO, ROSALIE
2255 NORTH COURTNEY PARKWAY
MERRITT ISLAND FL 32953

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date 10-20-00

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah Slawson

10-20-00

Date

800-826-8089

Daytime Phone #