

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 OCT 21 AM 10:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000104330

1. Corporation Name

LEBEAU INSURANCE AGENCY, INC.

Principal Place of Business

866 97TH AVE N.
 NAPLES FL 34108

Mailing Address

866 97TH AVE N.
 NAPLES FL 34108

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

12/10/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

593539536

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|----------------------|
| Pres. | Craig E. LeBeau | 866 97th AVE N. | Naples, FL 34108 |
| | | | |
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| | | | |

800003029509--0
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 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

LEBEAU, CRAIG E
 866 97TH AVE N.
 NAPLES FL 34108

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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 10/18/99

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

[Signature]

10/18/99 941-566-9134
 Date Daytime Phone #

(2)

LeBeau Insurance Agency Inc.
866 97th AVE N.
Naples FL 34108

Per my conversation with the Florida Department of State on 10/18/99, this letter is to certify that I have not received a bill prior to this date. As instructed by your department I am enclosing a check for \$150.00 for the original amount. If there is any questions please call (941) 566-9134.

Sincerely


Craig E. LeBeau, Pres.