

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**APPLICATION  
FOR  
REINSTATEMENT**



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

**FILED**

02 FEB -8 PM 4: 25

**DOCUMENT # P98000104330**

1. Corporation Name

**LEBEAU INSURANCE AGENCY, INC.**

Principal Place of Business

Mailing Address

868 97TH AVE N.  
NAPLES FL 34108

866 97TH AVE N.  
NAPLES FL 34108



01-02

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

59-3539536

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	LEBEAU, CRAIG E	866 97TH AVENUE N.	NAPLES FL 34108
			200004927902--7 -02/15/02--01004--008 ****150.00 ****150.00
			200004927902--7 -02/15/02--01004--008 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date

11/20/01

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:

*[Handwritten Signature]* Craig E. LeBeau 11/20/01 941-566-9134  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR040 (801)

2052

Craig E. LeBeau  
Carol L. LeBeau  
866 97<sup>th</sup> Ave N  
Naples, FL 34108

January 18, 2001

Katherine Harris  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

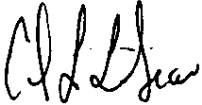
RE: LeBeau Insurance Agency Inc.  
#59-3539536

Dear Secretary of State:

I am writing in regards to your correspondence dated December 4, 2001. Per my conversation with your office, I have enclosed the Application of Reinstatement with a check in the amount of \$150.00. I never received the 2001 Uniform Business Report.

We would sincerely appreciate your assistance in abated the penalties assessed. We respectfully request your assistance in this matter and we look forward to hearing from you.

Sincerely,



Carol L. LeBeau