

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

~~REINSTATEMENT~~

DOCUMENT # P99000001694

1. Corporation Name

DARLENE WILLIAMS AGENCY, INC.

Principal Place of Business

Mailing Address

220 NORTH TUTTLE AVENUE
SARASOTA FL 34237

220 NORTH TUTTLE AVENUE
SARASOTA FL 34237

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/1999

5. FEI Number

650891126

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WILLIAMS, DARLENE	220 NORTH TUTTLE AVENUE	SARASOTA FL 34237

2000003473182--6
-11/21/00--01097--005
****150.00 ****150.00

8. Name and Address of Current Registered Agent

WILLIAMS, DARLENE
220 NORTH TUTTLE AVENUE
SARASOTA FL 34237

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

Darlene Williams
REGISTERED AGENT MUST SIGN

Date

10/31/00

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.

KE

SIGNATURE:

Darlene Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/00
Date

941-954-4646
Daytime Phone #

CR2E040 (8/00)



Allstate.

You're in good hands.

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Darlene Williams Agency
220 N. Tuttle Ave.
Sarasota, FL 34237
Ph 941-954-4646 Fx 954-4511

DATE 10/31/00

TO Florida

FROM

FILE NO.

OFFICE Dept of State

OFFICE

INSURED

Dear Sirs or Madam,

Based on my conversation with your office I have enclosed a check for \$150. and an application for reinstatement. As I explained, the notice of dissolution was the first notice I received. I would have paid & filed earlier if notified. Please continue my corporation status as active and call me with any questions or concerns.

Thank you, Darlene Williams