

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 OCT 19 PM 12:43

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000041016**

1. Corporation Name

EDP INSURANCE SERVICES, INC.

Principal Place of Business

Mailing Address

9738 U.S. HWY. 441, STE. 102
 LEESBURG FL 34788

9738 U.S. HWY. 441, STE. 102
 LEESBURG FL 34788

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.

Ste 102

Suite, Apt. #, etc.

Ste 102

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 2000

4. Date Incorporated or Qualified To Do Business in Florida

04/28/1999

5. FEI Number

59-3602659

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DE PEDRO-PRIETO, ESTHER	1120 N. PALMETTO CIR. 1008 Monterey Dr	EUSTIS FL 32726 Leesburg FL 34788
D	PRIETO, PABLO	1120 N. PALMETTO CIR. 1008 Monterey Dr	EUSTIS FL 32726 Leesburg FL 34788

8000003455398-4
 -11/07/00--01076--022
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DE PEDRO-PRIETO, ESTHER
 9738 U.S. HWY. 441, STE. 102
 LEESBURG FL 34788

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

E. de Pedro Prieto

REGISTERED AGENT MUST SIGN

Date Oct 14-00

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.

SIGNATURE:

E. de Pedro Prieto
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-00
 Date

352 314-0444
 Daytime Phone #

CR2E940 (8/00)