PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 25 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000046442**

1. Corporation Name

APPLE INSURANCE & FINANCIAL PLANNING, INC.

Principal Place of Business	Mailing Address
4901 PALM BCH BLVD #48 FORT MYERS FL 33905	4901 PALM BCH BLVD #48 FORT MYERS FL 33905

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

REINSTATEMENT 02

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: 05/21/1999

5. FEI Number: 65-6302776 ☐ 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
~~PSTD~~	~~HERNANDEZ, ALBERTO~~	~~4901 PALM BCH BLVD #48~~	~~FORT MYERS FL 33905~~
~~VD~~	~~HERNANDEZ, DEBORA M~~	~~4901 PALM BCH BLVD #48~~	~~FORT MYERS FL 33905~~
PSTD	Brian Todd Lariviere	4901 Palm Beach Blvd #48	Ft Myers, Fl 33905

000008597020
10/25/02--01083--015 **750.00

10/25/02

8. Name and Address of Current Registered Agent

SOTILLO, DONNA
5801 S DIXIE HWY
WEST PALM BEACH FL 33405

9. Name and Address of New Registered Agent

Name: Brian Tod Lariviere
Street Address (P.O. Box Number is Not Acceptable): 4901 Palm Beach Blvd
Suite, Apt. #, Etc.: #48
City: Ft Myers State: FL Zip Code: 33905

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 10/21/02
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 10/21/02 (239) 694-2806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #