

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 OCT 21 PM 4:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000060740

1. Corporation Name

RPM INSURANCE ASSOCIATES, INC.

Principal Place of Business

7300 WEST MC NAB ROAD, SUITE 213  
TAMARAC FL 33321

Mailing Address

7300 WEST MC NAB ROAD, SUITE 213  
TAMARAC FL 33321



REINSTATEMENT 2003

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

07/07/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0933137

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
D	KARL, ROBERT C	3920 N.E. 25TH AVENUE	LIGHTHOUSE POINT FL 33064

200023963052  
10/21/03 01030 020 \*\*750.00

8. Name and Address of Current Registered Agent

HAIRE, BENJAMIN H  
5100 WEST COPANS ROAD, SUITE #900  
MARGATE FL 33063

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Benjamin Haire*

REGISTERED AGENT MUST SIGN

Date

10-13-03

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

10-13-03 954 726-5040

Date

Daytime Phone #

CR2E040 (7/03)