

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUN 25 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 99000090063

1. Corporation Name

PROTOCOL INSURANCE AGENCY, INC.

2. Principal Office Address

2805 FRUITVILLE RD

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34237

Country

USA

3. Mailing Office Address

2805 FRUITVILLE RD

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34237

Country

USA

REINSTATEMENT

01

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0977711

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

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****750.00 ****750.00

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Connie Bryan

Connie Bryan Special Asst. Secy.

REGISTERED AGENT MUST SIGN

Date 6-25-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P</u>	<u>JERRY LEWIS</u>	<u>2805 FRUITVILLE RD</u>	<u>SARASOTA, FL 34237</u>

10. 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]

JERRY LEWIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/01

Date

(941) 906-9000

Daytime Phone #

CR2E081 (9/00)