

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED

03 NOV 24 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P99000091981**

1. Corporation Name

**UNITED INSURANCE, INC.**

Principal Place of Business

Mailing Address

6160 ULMERTON RD.

6160 ULMERTON RD.

~~#9~~  
CLEARWATER FL 33760

~~#9~~  
CLEARWATER FL 33760

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

33760

USA

**REINSTATEMENT** 117

4. Date Incorporated or Qualified To Do Business in Florida

10/20/1999

5. FEI Number

59-3603712

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
PVST	SWARTS, GILBERT	6160 ULMERTON RD. SUITE 4	CLEARWATER FL 33760

600024949246  
11/24/03--01019--025 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
3623 WEST KENNEDY BLVD  
TAMPA FL 33609

Name GILBERT SWARTS  
Street Address (P.O. Box Number is Not Acceptable)  
6160 ULMERTON RD.  
Suite, Apt. #, Etc.  
SUITE 4  
City CLEARWATER State FL Zip Code 33760

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

REGISTERED AGENT MUST SIGN

Date 11/19/03

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

11/19/03

Date

(727) 258-0194

Daytime Phone #

CFR2040 (7/03)