

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 NOV -7 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000097635

1. Corporation Name

FLORIDA INSURANCE SOLUTIONS, INC.

Principal Place of Business

P.O. BOX 623
MULBERRY FL 33860

Mailing Address

P.O. BOX 623
MULBERRY FL 33860

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

11/04/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3618639

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	JAMIE, ROBERT A	P.O. BOX 623	MULBERRY FL 33860
D	JAMIE, ELIZABETH A	P.O. BOX 623	MULBERRY FL 33860

500008879065
11/07/02--01089--011 **150.00

8. Name and Address of Current Registered Agent

JAMIE, ROBERT A
1008 N.E. 2ND ST.
MULBERRY FL 33860

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

REGISTERED AGENT MUST SIGN

Date

11-4-02

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:

Robert A. Jamie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-4-02

Daytime Phone #

CR2E040 (8/02)

October 29, 2002

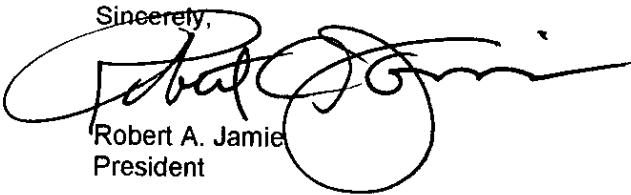
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern,

Florida Insurance Solutions, Inc. did not receive their 2002 annual report/uniform business report. Please consider waiving the reinstatement fee.

Please find enclosed the filing fee along with the application for reinstatement. Your assistance is greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert A. Jamie", is written over a circular stamp or seal.

Robert A. Jamie
President