

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 OCT 10 AM 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S34566**

1. Corporation Name

COMMUNITY INSURANCE AGENCY, INC.

600110605916
10/10/07--01054--011 **150.00

2. Principal Office Address - No P.O. Box #

601 SW 1ST AVE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 2706

Suite, Apt. #, etc.

City & State

OCALA FL

Zip

34471

Country

USA

City & State

OCALA FL

Zip

34478

Country

USA

REINSTATEMENT 04-07

08/23/07 01037 005 \$405.75

4. Date Incorporated or Qualified
To Do Business in Florida

1991

5. FEI Number

593061411

☐ 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

GEORGE WHITING

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

601 SW 1ST AVE

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34471

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

George Whiting

REGISTERED AGENT MUST SIGN

Date **10/6/07**

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
PRES- CEO	GEORGE WHITING	601 SW 1ST AVE	OCALA FL 34478

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 contained in Chapter 119, 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:

George Whiting

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/6/07**

Daytime Phone # **852/427-8831**

10/12/07