

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FORM
AND
FILED**

97 NOV 10 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S57064

1. Corporation Name

LOKEY INSURANCE AGENCY, INC.

Principal Place of Business

~~1100 E PINEHURST RD~~
~~DUNEDIN FL 34697~~

Mailing Address

PO BOX 1097
DUNEDIN FL 34697-1097



REINSTATEMENT 97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1661 MAIN ST

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

DUNEDIN, FL

City & State

Zip

34698

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

06/04/1991

5. FEI Number

65-0268903

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	LOKEY, THOMAS C.	1100 PINEHURST ROAD 1661 MAIN ST	DUNEDIN FL 34698
VP	SNODGRASS, GREGORY K	1661 MAIN ST	DUNEDIN, FL 34698
			600002346876--6 11/13/97-01091-025 ****750.00 ****750.00
			11/3/97

8. Name and Address of Current Registered Agent

LOKEY, THOMAS
1130 PINEHURST ROAD
SUITE E
DUNEDIN FL 34697

9. Name and Address of New Registered Agent

Name

GREGORY SNODGRASS

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

1661 MAIN ST

Suite, Apt. #, Etc.

City

DUNEDIN

State

FL

Zip Code

34698

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.

Signature of
Registered Agent

Gregory Snodgrass

REGISTERED AGENT MUST SIGN

Date **11/3/97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory Snodgrass

11/3/97 (813) 733-2173

Date

Daytime Phone #

CR2E040 (8/97)