

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -1 PM 2:25

DOCUMENT # S85225

1. Corporation Name

Golden Age Insurance Agency Inc.

2. Principal Office Address

1000 Main Street

Suite, Apt. #, etc.

100-G

City & State

Hilton Head, SC

Zip

29926

Country

Beaufort

3. Mailing Office Address

13750 McCormick Drive

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33626

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65 0296800

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

William J. Moran

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

13750 McCormick Drive

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33626

900005283039-6

-04/16/02-01066-009

****758.75 ****758.75

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

William J. Moran

REGISTERED AGENT MUST SIGN

Date 3-29-2002

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
P/T/S	William J. Moran	11 Myrtle Bank Lane	Hilton Head, SC 29926
V	Darrin M. Moran	403 Mariners Cove	Hilton Head, SC, 29926

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.

William J. Moran
SIGNATURE: William J. Moran, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 29, 2002 (843) 689-3100

Date

Daytime Phone #

CR2E081 (8/01)

Golden Age Insurance, Inc.

***1000 MAIN STREET, SUITE 100 G
HILTON HEAD ISLAND SC 29926
(843) 689-3100 FAX (843) 689-3110***

March 29, 2002

**Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399**

Re: Document #S85225

Dear Sir:

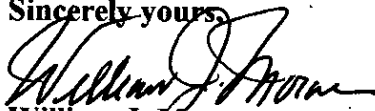
This is to advise you that I have not received a Uniform Business Report from 1998 to this present date.

Enclosed you will please find my completed request for my Corporation Reinstatement along with my check of \$750.00 plus an additional \$8.75 for a Certification of Status fee.

I would appreciate it if you could send the Certificate of Status back to me by overnight courier AirBorne Express and charge it to my account #81562136.

Your assistance in this matter is greatly appreciated.

Sincerely yours,


**William J. Moran
President**