

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 09 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V19054

1. Corporation Name

INSURANCE Agency of Southwest Florida, INC.

2. Principal Office Address

474 SURF SOUND COURT

Suite, Apt. #, etc.

NA

City & State

SANIBEL ISLAND, FL

Zip

33957

Country

USA

3. Mailing Office Address

P.O. Box 1760

Suite, Apt. #, etc.

NA

City & State

SANIBEL ISLAND, FL

Zip

33957

Country

USA

500030903265
03/23/04--01026--022 **750.00

REINSTATEMENT

02-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/05/1992

5. FEI Number

650404347

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DONNA S. HORNE

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

474 SURF SOUND COURT

Suite, Apt. #, Etc.

NA

City

SANIBEL ISLAND

State

FL

Zip Code

33957

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

Donna S. Horne

Date 03/19/04

REGISTERED AGENT MUST SIGN

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
D	DONNA HORNE	474 SURF SOUND Ct.	SANIBEL, FL 33957

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.

SIGNATURE: Donna S. Horne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/04
Date

239-472-3888 OR
Daytime Phone #

239-454-1866

CR2E081 (10/02)