

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -3 PM 1:37

DOCUMENT # **V73705**

1. Corporation Name

LEE-HILL INSURANCE, INC.

Principal Place of Business

4821 ATLANTIC BLVD.
JACKSONVILLE FL 32207
US

Mailing Address

P.O. DRAWER 10890 **4821 ATLANTIC BLVD**
JACKSONVILLE FL 32207-0890
US **32207**



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1992

5. FEI Number

59-3146802

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	LEE, JAMES H.	7532 S JANA LN AVE	JACKSONVILLE FL
D	HILL, LANE A.	4834 EMPIRE AVE	JACKSONVILLE FL
			300003473379--1 -11/21/00--01109--001 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

HILL, LANE A.
4821 ATLANTIC BLVD
JACKSONVILLE FL 32207

New Address 9. Name and Address of New Registered Agent

Name

LANE Hill

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

4821 ATLANTIC BLVD

Suite, Apt. #, Etc.

City

JAX

State

FL

Zip Code

32207

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/31/00

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/00

Daytime Phone #