

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V 73830**

1. Corporation Name

ASHER INSURANCE, INC.

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

230 OLD WINTER HAVEN RD.
Suite, Apt. #, etc.

City & State

BARTOW, FL.

Zip

33830

Country

USA

3. Mailing Office Address

3019 GRASSLANDS DR.
Suite, Apt. #, etc.

City & State

LAKE LAND, FL.

Zip

33803

Country

USA

7. Name and Address of Current Registered Agent

Name

MRS. TERRY ASHER-CANNON

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

3019 GRASSLANDS DR.

Suite, Apt. #, Etc.

City

LAKE LAND

State

FL

Zip Code

33803

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

REGISTERED AGENT MUST SIGN

Date **10.12.2007**

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
PRESIDENT	MRS. TERRY ASHER-CANNON	3019 GRASSLANDS DR.	LAKE LAND, FL. 33803

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. **MRS.**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10.12.2007

Daytime Phone #

813.644.8140

FILED

07 OCT 23 AM 10:21

DEPT. OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT **06-07**
000111193850
10/23/07--01017--007 **300.00

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/1992

5. FEI Number

593140506

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

**10/12/07 - PER. DEBRA: MAIL
RETURNED**