


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # 417599

1. Corporation Name  
*AANCO UNDERWRITERS, INC.*

Principal Place of Business Mailing Address  
*130 FIREHORNE LANE  
FAYETTEVILLE, Fayette County, GA 30215*

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

**REINSTATEMENT 02-98**

2. New Principal Office Address, If Applicable  
Suite, Apt. #, etc. *SAME*  
City & State *SAME*  
Zip Country

3. New Mailing Office Address, If Applicable  
Suite, Apt. #, etc. *SAME*  
City & State *SAME*  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida *1.29.73*

5. FEI Number *59-1448627*

APPLIED FOR  
Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	LARRY D. BROWN	130 FIREHORNE LANE	FAYETTEVILLE, GA 30215
Secy	MICHAEL A. JANOSEK	8601 PARK LANE #611	DALLAS, TX 75231

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11-16-98

8. Name and Address of Current Registered Agent  
*CHARLES CLINTON AMOS  
10033 9th St. N.  
St. Petersburg, FLA 33716*

9. Name and Address of New Registered Agent

Name C T CORPORATION SYSTEM  
Street Address (P.O. Box Number is Not Acceptable)  
*1200 South Pine Island Road*  
Suite, Apt. #, Etc.  
City Plantation State FL Zip Code 33324

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 *Mary R Adams*, *MARY R. Adams, Asst. Secy.* Date *11/13/98*  
REGISTERED AGENT MUST SIGN

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)(f), 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: *Michael A. Janosek, Secretary* Date *11-13-98* Daytime Phone # *770-478-2334*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20040 (1/98)