PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

00 DEC -8 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703118

1. Corporation Name

OKALOOSA COUNTY ASSOCIATION OF INDEPENDENT INSURANCE AGENTS, INC.

Principal Place of Business	Mailing Address
301 FERDON BLVD. CRESTVIEW FL 32536	PO BOX 185 FT. WALTON FL 32549

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
151 Mary Esther Blvd	
Suite, Apt. #, etc.: Suite 501	Suite, Apt. #, etc.
City & State: Mary Esther FL	City & State
Zip: 32569 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/06/1961

5. FEI Number: 59-2897951 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	City/State/Zip
~~DP~~	~~MASON, KEVIN~~	~~PO BOX 616~~	~~MARY ESTHER FL 32569~~
~~DST~~	~~KEELER, KIMBERLY G~~	~~314 NORTHAMPTON CIR~~	~~FT. WALTON BEACH FL 32547~~
~~DV~~	~~FALLER, GARRETT~~	~~174 BONAIRE BLVD~~	~~DESTIN FL 32541~~
DP	Fuller, Garrett	174 Bonaire Blvd	Destin FL 32541
DV	Hurston, Rod	4839 Sound Side Dr	Gulf Breeze, FL 32561
DST	Hildebrandt, Anne	2065 Ortega St.	Navarre FL 32566

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8. Name and Address of Current Registered Agent

PARKER, FRANCIS F.
301 FERDON BLVD.
CRESTVIEW FL 32536

REINSTATEMENT 2000

9. Name and Address of New Registered Agent

Name: Anne M. Hildebrandt
Street Address (P.O. Box Number is Not Acceptable): 151 Mary Esther Blvd
Suite, Apt. #, Etc.: Suite 501
City: Mary Esther State: FL Zip Code: 32569

CR2E040 (8/00)

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: Anne M. Hildebrandt Date: 12/6/00
REGISTERED AGENT MUST SIGN

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: Anne M. Hildebrandt 12/6/00 850-244-3387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Anne M. Hildebrandt