

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 2:34

DOCUMENT # **F01000002786**

1. Corporation Name

**AGRI-INSURANCE COMPANY, LTD.**

SECRETARY OF STATE  
**100008801521**  
11/05/02-14 01033--008 \*\*758.75



**REINSTATEMENT 02**

Principal Place of Business

44 CHURCH STREET  
HAMILTON HM 12  
BERMUDA

Mailing Address

44 CHURCH STREET  
HAMILTON HM 12  
BERMUDA

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

4. Date Incorporated or Qualified To Do Business in Florida

05/21/2001

5. FEI Number

98-0230554

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	4 City / State / Zip
PC	GRIFFIN, BEN H III	640 SOUTH MAIN STREET	LA BELLE FL 33935
DV	LESTER, W. BERNARD	640 SOUTH MAIN STREET	LA BELLE FL 33935
S	OUTERBRIDGE, I.S.	CLARENDON HOUSE/CHURCH ST/HAMILT	BERMUDA
TD	SIMMONS, L. CRAIG	640 SOUTH MAIN STREET	LA BELLE FL 33935
D	OAKLEY, THOMAS E	640 SOUTH MAIN STREET	LA BELLE FL 33935

8. Name and Address of Current Registered Agent

SIMMONS, L. CRAIG  
640 SOUTH MAIN STREET  
LA BELLE FL 33935

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

*L. Craig Simmons*

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10/29/02

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:

*L. Craig Simmons*

SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/02

Date

Daytime Phone #

CR2EC40 (8/02)