

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2019 JUN -6 PM 12:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F08000000829

1. Corporation Name

Heartland Crop Insurance, Inc.

400314376804

CR2E091 (11/10)

2. Principal Office Address - No P.O. Box # 1127 Highway 190 East Service Road Suite, Apt. #, etc.		3. Mailing Office Address same Suite, Apt. #, etc.	
City & State Covington LA		City & State	
Zip 70433	Country USA	Zip	Country

4. Date incorporated or Qualified To Do Business in Florida	
5. FEI Number 48-1227624	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

City
TALLAHASSEE

State
FL

Zip Code
32301

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: *Roxanne Turner* REGISTERED AGENT MUST SIGN

Name: Roxanne Turner
Title: Asst. Vice President
Date: 6/6/18

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
	see attached		

10. E-mail Address: stephanie.mathieu@cgb.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

SIGNATURE: *Richard S. Penderford*
Name: Richard S. Penderford
Date: 5/31/18 (485) 12-1-1
Daytime Phone: _____

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2019 JUN -6 PM 12: 58
SECRETARY OF STATE
CHAMBERLAIN, FLORIDA

CGB Diversified Services, Inc.

Directors

Kevin D. Adams	1127 Highway 190 East Service Road, Covington LA 70433
Richard S. Pemberton	1127 Highway 190 East Service Road, Covington LA 70433

Officers

Ron Miiller	President	1608 B West Lafayette Ave, Jacksonville IL 62650
Brad Leighton	Vice President, Operations	1608 B West Lafayette Ave, Jacksonville IL 62650
Alan N. Singleton	Vice President, Administration	2209 River Road, Louisville KY 40206
Richard S. Pemberton	Treasurer	1127 Highway 190 East Service Road, Covington LA 70433
Ellie Utter	Secretary	1608 B West Lafayette Ave, Jacksonville IL 62650

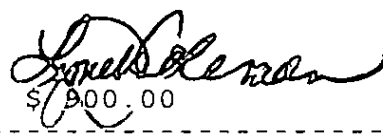
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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 238449 5033559

AUTHORIZATION :



COST LIMIT : \$ 900.00

ORDER DATE : June 1, 2018

ORDER TIME : 2:11 PM

ORDER NO. : 238449-050

CUSTOMER NO: 5033559

18 JUN -6 AM 10:56
RECEIVED
TALLAHASSEE, FL 32301

REINSTATEMENT

NAME: HEARTLAND CROP INSURANCE, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS _____