

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 APR 26 AM 10:08

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F49851

1. Corporation Name

Insuramerica of Florida, Inc.

REINSTATEMENT 03-04

900032752209

04/14/04--01050--003 \*\*150.00

03-31-03-90217-046 \$150.00

2. Principal Office Address

6639 Southpoint Parkway

3. Mailing Office Address

6639 Southpoint Parkway

Suite, Apt. #, etc.

Suite 108

Suite, Apt. #, etc.

Suite 108

City & State

Jacksonville, FL.

City & State

Jacksonville, FL.

Zip

32216

Country

USA

Zip

32216

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/06/1981

5. FEI Number

592130271

Applied For

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

Bobby L. Walton

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

6639 Southpoint Parkway

Suite, Apt. #, Etc.

Suite 108

City

Jacksonville

State

FL

Zip Code

32216

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

*Bobby L. Walton*  
REGISTERED AGENT MUST SIGN

Date 4/12/2004

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
DT	Walter Williams, Jr.	6639 Southpoint Parkway Ste 108	Jacksonville; FL. 32216
P	Bobby L. Walton	6639 Southpoint Parkway Ste 108	Jacksonville, FL
VP	Karen Garceau	6639 Southpoint Parkway Ste 108	Jacksonville, FL.
S	Lisa Lacy	6639 Soutpoint Parkway Ste 108	Jacksonville, FL.

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 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

*Lisa Lacy Lisa Lacy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

Date

904-332-8585

Daytime Phone #



**INSURAMERICA OF FLORIDA, INC.**  
6639 SOUTHPOINT PKWY #108  
JACKSONVILLE, FL 32216  
Phone: 904-332-8585 Fax: 904-296-1888

**MEMO**

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ACCOUNT NO.	OP	DATE
FLDEPTS	LB	04/12/2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Division Of Corp.

Re: Annual Report 2004

To Whom it May Concern:

Please see attached Corporation Reinstatement Form and check in the amount of \$150.00 for Insuramerica of Florida.

The status for this corporation shows in error as inactive. In 2003 the annual filing form was completed with check number 8213 in the amount of \$150.00, this check was cashed on 4/03/03. No notification was received from the state regarding any problems.

Please change the status of this corporation back to active and accept the check attached for the 2004 annual filing.

If you have any question please feel free to contact me at ext. 238 or mail any correspondence to the above address.

Sincerely,

LISA LACY