PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

1 of 2

FILED
01 DEC -6 AM 9:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F97000005874

1. Corporation Name

TFC INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
30 WATERSIDE DR. FARMINGTON CT 06032	30 WATERSIDE DR. FARMINGTON CT 06032

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
Suite, Apt. #, etc.	P.O. BOX 527 Suite, Apt. #, etc.
City & State	Farmington, CT City & State
Zip / Country	06032-0527 / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/29/1997

5. FEI Number: 06-1027593 — ☐ 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
PD	BURKE, ROBERT J	30 WATERSIDE DR.	FARMINGTON CT 06032
VSD	COLLINS, BRADFORD J	30 WATERSIDE DR.	FARMINGTON CT 06032
TD	ROSENBLATT, CAROL S	160 CONESTOGA WAY	GLASTONBURY CT 06033

500004745125--2
-12/31/01--01058--015
****150.00 ****150.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

CR2E040 (8/01)

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: SALVINA AMENTA-GRAY SPECIAL ASSISTANT SECRETARY Date: 11/2/01

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: SIGNATURE REQUIRED Carol Rosenblatt 11/2/01 860-674-0501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2002

TFC INSURANCE AGENCY, INC
30 Waterside Drive
P.O. Box 527
Farmington, CT. 06034-0527

November 21, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314
Attn: Reinstatement

Enclosed is the form for Reinstatement and check for $150.00.
Please note that the correct mailing address for the above corporation is P.O. Box 527 Farmington, CT 06034-0527. We are requesting a waiver of the Reinstatement fee due to not receiving the prior notices. Thank you for your attention in this matter and please advise.

Sincerely,

Cynthia Mastroianni
Assistant Controller

Enclosures