PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV 10 PM 5:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F98000003864**

1. Corporation Name

BB&T INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
3605 GLENWOOD AVENUE RALEIGH NC 27612	3605 GLENWOOD AVENUE RALEIGH NC 27612

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

REINSTATEMENT 1999

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/08/1998

5. FEI Number: 56-1623293 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	REECE, H W	1919 REID STREET	RALEIGH NC
S	HERRING, JERONE	201 HADLEY COURT	WINSTON-SALEM NC
AST VP	PEELE, MARY Eller, Sheila	2115 BELLAIRE AVENUE 2718 25th Av, NE	RALEIGH NC Hickory, NC
D	REED, SCOTT E	3861 GUINEVERE LANE	WINSTON-SALEM NC
D	WILLIAMSON, HENRY	4909 KNOBVIEW COURT	WINSTIN-SALEM NC
D	MARLEY, MORRIS	642 CAROLINA CIRCLE	WINSTON-SALEM NC

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State / Zip Code: FL

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-11/24/99--01063--010
****750.00 ****750.00

CR2E040 (8/99)

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: Judith S. Blancett — Date: 11-10-99

Judith S. Blancett, ASST SECRETARY

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: Sheila S. Eller, VP — 10-18-99 — 828-261-2465

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

0092870 AF