### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# **APPLICATION** FOR REINSTATEMENT



#### FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

**DIVISION OF CORPORATIONS** 

#### F98000003864 **DOCUMENT #**

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

## FILED

02 OCT 30 PM 1: 16

SECRETARY OF STATE TALLAMASSEE, FLORIDA



lied For Applicable Fee required of Status			
Applicable ee required			
ee required			
OI Status			
WINSTON-SALEM NC			
9. Name and Address of New Registered Agent			
P.O. Box Number is Not Acceptable)			
<b>70000008804467</b> 11/05/0201047018 **758.75			
State Zip Code			

10. I, being appointed the registered agent of the above partial corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

11. I certify that I am of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VP & COMPLIANCE OFFICER