

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-03

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0000064784

1. Corporation Name
Arthur Grant Blackwell Insurance, Inc.

2. Principal Office Address 114 Palmetto Street Suite, Apt. #, etc. Suite 8 City & State Destin, Florida Zip 32541	Country USA	3. Mailing Office Address Post Office Box 5530 Suite, Apt. #, etc. City & State Destin, Florida Zip 32540	Country USA
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4. Date incorporated or Qualified To Do Business in Florida 07/05/2000-

5. FEI Number 59-3657001
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: Lori Ellen Ward, Esq. c/o Matthews & Hawkins, P.A.

Street Address (P.O. Box Number is Not Acceptable): 4475 Legendary Drive

Suite, Apt. #, Etc.

City: Destin

State: FL Zip Code: 32541

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: *Lori Ellen Ward* REGISTERED AGENT MUST SIGN

Date: 11/06/03

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
D/P/S/T	Arthur Grant Blackwell	114 Palmetto Street, Suite 8	Destin, Florida 32541

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: *Arthur Grant Blackwell* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/23/03

Daytime Phone #: 850-654-4512

CR2E081 (10-02)

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