APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000091928

1. Corporation Name

CAREFREE INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
399 N.W. 87TH TERR. CORAL SPRINGS FL 33071	399 N.W. 87TH TERR. CORAL SPRINGS FL 33071

REINSTATEMENT 2002

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.	2828 Croasdaile Dr Suite, Apt. #, etc.
City & State	City & State Durham, NC
Zip / Country	Zip 27705 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/19/2001

5. FEI Number: 59-2750548 ☐ 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	VANNOTE, ARTHUR J	399 N.W. 87TH TERR.	CORAL SPRINGS FL 33071
~~SD~~ delete	~~WILKINSON, CATHI C~~	~~215 S. MONROE ST., 2ND FLOOR~~	~~TALLAHASSEE FL 32301~~
~~TD~~ delete	~~JOYCE, DREW A~~	~~2828 CROASDAILE DR.~~	~~DURHAM NC 27705~~
STD	Anita S. Wegner	2828 Croasdaile Dr	Durham, NC 27705
D	Sherman M. Podolsky, M.D.	500 W Cypress Creek Rd	Ft Lauderdale, FL 33309

8. Name and Address of Current Registered Agent

WILKINSON, CATHI C
215 S. MONROE ST., 2ND FLOOR
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name: 600008796546 --008 **750.00
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, Etc.:
City: State: FL Zip Code:

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. or 617.0505, F.S.

Signature of Registered Agent: Cathi C. Wilkinson SIGNATURE REQUIRED Date: 11/04/02
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: Anita S. Wegner SIGNATURE REQUIRED Anita S. Wegner, Sec. 10-24-02 919 383 0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #