

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

02 FEB 22 AM 11:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P05457**

1. Corporation Name

IFN INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

6610 WEST BROAD STREET
 RICHMOND VA 23230

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 RICHMOND VA 23230

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.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

03/27/1985

5. FEI Number

54-1304309

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status



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-03/06/02--01033--002

****908.75 ****908.75

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
SVP	KING, DONITA M	8100 CAVENDISH LANE	RICHMOND VA 23227
VPAS	BOBITZ, WARD E	711 ROCKFORD RD	MANAKIN-SABOT VA 23103
DVP	KOSTER, EUGENE	6630 WEST BROAD STREET	RICHMOND VA 23230
PD	STINSON, THOMAS M	1488 STAGE COACH ROAD	MANAKIN SABOT VA 23103
DVP	STIFF, GEOFFREY S	6610 W BRAOD ST	RICHMOND VA 23230

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

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 _____

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 *Brian Courtney* Date 2/13/02
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN **Asst. V. Pres.**

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: *Donita M. King* Date 2/5/02 Daytime Phone # 804 281-6210
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/03)