

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 97 OCT 31 PM 3:10
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P11387

1. Corporation Name
LIFE OF THE SOUTH INSURANCE COMPANY

Principal Place of Business 205 DOGWOOD DRIVE NASHVILLE GA 31639	Mailing Address 205 DOGWOOD DRIVE NASHVILLE GA 31639
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 9700

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country
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4. Date Incorporated or Qualified To Do Business in Florida 09/10/1986	
5. FEI Number 58-1458103	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SHAW, LOYD LEVIN	P.O. Box 925/205 Dogwood Dr.	Nashville, GA 31639
VD	HAMIL, KENNETH NED	P.O. Box 925 205 Dogwood Dr.	NASHVILLE GA 31639
CFO	HARDEGREE, DAVID L	100 West Bay St.	Jacksonville, FL 32202
ST	BATTEN, MARIA PRIDA Carol McCorvey	205 Dogwood Dr. 718 N JACKSON ST PO BOX 925	NASHVILLE GA 31639
			400002338254--8 -11/04/97--01090--018 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

**HOUSTON, CLARENCE H. (J)
 ULMER, MUECHISON, ASHBY & TAYLOR
 200 WEST FORSYTH ST., SUITE 1600
 JACKSONVILLE FL 32202**

9. Name and Address of New Registered Agent

Name
Clarence H. Houston, Jr., Esq.

Street Address (P.O. Box Number is Not Acceptable)
Cone, Yong, Stewart & Houston, P.A.

Suite, Apt. #, Etc.
1050 Riverside Ave. (P.O. Box 4550 - 32201)

City
Jacksonville

State
FL

Zip Code
32204

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: *Clarence H. Houston, Jr.*
Clarence H. Houston, REGISTERED AGENT MUST SIGN

Date: **Oct. 29, 1997**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on Intangible tax.)

12. 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: *Clarence H. Houston, Jr.* Date: **10/29/97**

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

CR2E040 (8/97)