## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	FILED  SCURETARY OF STATE  VISION OF CORPORATIONS  OO SEP 13 AM 10: 54
1. Corporation Name	00076620 ell Insurance, Inc.	
2. Principal Office Address 4259 Northlake Blud Suite, Apt. #, etc.	3. Mailing Office Address 4259 North la Ka Blud Suite, Apt. #, etc.	REINSTATEMENT 99-00
City & State  Palm Boh Garders, FL  Zip Country  33410 U.S.A.	City & State Palm Bch. Gardas, FL Zip Country 33410 U.S.A	Date Incorporated or Qualified To Do Business in Florida      Date Incorporated or Qualified To Do Business in Florida      Date Incorporated or Qualified To Do Business in Florida      Date Incorporated or Qualified To Do Business in Florida      Applied For Not Applicable      CERTIFICATE OF STATUS DESIRED       S8.75 Additional Fee required for a Certificate of Status
Name  Crporc  Street Address (P.O. Box Number is N  Suite, Apt. #, Etc.		tuerk Dec.
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  Date  9/11/00		
Res Company of the Co	REGISTERED AGENT MUST SIGN  nd/or Director (Florida nopprofit corporations must list at le	
Titles Officers and/or Directors  P. Scott Lassur II	Street Address of Each Officer and/or Director	h City / State / 7in
		RIU/M

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 filling 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: XOY TOUSING OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date Daytime Phone #