

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 JUL 28 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000108559

1. Corporation Name

NORTH AMERICAN INSURANCE GROUP, INC.

2. Principal Office Address - No P.O. Box #

1801 N. Pine Island Road

Suite, Apt. #, etc.

Suite 200

City & State

Plantation, Florida

Zip

33322

Country

USA

3. Mailing Office Address

1801 N. Pine Island Road

Suite, Apt. #, etc.

Suite 200

City & State

Plantation, Florida

Zip

33322

Country

USA

Handwritten initials

REINSTATEMENT 05-08

4. Date Incorporated or Qualified To Do Business in Florida 12/16/1999

5. FEI Number
65-0968533

Applied For
Not Applicable

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

wrap

7. Name and Address of Current Registered Agent

Name

Timothy L. Rath

Street Address (P.O. Box Number is Not Acceptable)

1801 N. Pine Island Road

Suite, Apt. #, Etc.

Suite 200

City

Plantation

State

FL

Zip Code

33322

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Handwritten signature of Timothy L. Rath

REGISTERED AGENT MUST SIGN

Date 7-24-08

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
PD	Timothy L. Rath	1801 N. Pine Island Road, Suite 200	Plantation, Florida 33322
STD	Suzanne Rath	1801 N. Pine Island Road, Suite 200	Plantation, Florida 33322

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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 contained in Chapter 119, 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:

Handwritten signature of Timothy L. Rath
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-24-08

Date

954-448-0486

Daytime Phone #