

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F96000006758

1. Corporation Name

HUNTINGTON INSURANCE AGENCY SERVICES, INC.

Principal Place of Business

41 S. HIGH ST
COLUMBUS OH 43287

Mailing Address

41 S. HIGH ST
COLUMBUS OH 43287

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

HC0640

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

HC0640

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/1996

5. FEI Number

31-1373034

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Add'l. 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
C	GEIER, PETER E	41 S. HIGH ST	COLUMBUS OH 43287
S	MORTON, DANIEL W	41 S. HIGH ST	COLUMBUS OH 43287
P	BROWNING, WILLIAM K	105 W. 4TH ST, SUITE 801	CINCINNATI OH 45202
T	VAN FLEET, JOHN D.	HUNTINGTON CENTER, 41 S. HIGH ST	COLOUMBUS OH 43287
VP	Michael D. Moore	41 S. HIGH ST	Columbus, OH 43287

8. Name and Address of Current Registered Agent

REINSTATEMENT 9/1/99 TS

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Street Address (P.O. Box Number) 300893076633--8

Suite, Apt. #, Etc.

-12/21/99--01060--004
****750.00 ****750.00

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

Ruth Lawrence-Spical Assistant Secretary
REGISTERED AGENT MUST SIGN

Date 12.6.99

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.

Pamela H. Barrett
AVP - Tax Compliance Manager
Huntington Bancshares Incorporated

SIGNATURE:

Pamela H. Barrett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-99 614 480-3898