

Florida Department of State

Division of Corporations



Please print and return this page, along with your check or money order, to the Division of Corporations.

Name of Entity: FALLS LAKE NATIONAL INSURANCE COMPANY

For Office Use Only

Document Number: P03484

Tracking Number: 6978537143CR

Certificate of Status: No

Total Amount Due: \$1,650.00

- Please make check, or money order payable to: *Florida Department of State*
- Remove the check stub, if applicable
- Staple check in the top left hand corner of this voucher
- Mail to: *Division of Corporations, P.O. Box 6198, Tallahassee, FL 32314*

This voucher and check must be received and processed by the Division of Corporations by April 29, 2021 to avoid cancellation of your reinstatement request.

The document is not considered filed until the voucher and payment have been received and processed by this office.

Daytime telephone number for possible processing questions:

****If mailing address has changed, please list below****

MAILING ADDRESS

CITY

ST

ZIPCODE

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03484

Corporation Name

FALLS LAKE NATIONAL INSURANCE COMPANY

800360358886
02/28/21--01024--032 **1890.00

CR2E081 (11/10)

Principal Office Address - No P.O. Box # 6131 Falls of Neuse Rd.		3. Mailing Office Address PO Box 97488	
Suite, Apt. #, etc. SUITE 306		Suite, Apt. #, etc.	
City & State RALEIGH, NC		City & State RALEIGH, NC	
Zip 27609	Country US	Zip 27624	Country US

4. Date Incorporated or Qualified To Do Business in Florida 09/23/1984	
5. FEI Number 42-1019055	Applied For ☐ Not Applicable ☒
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name CHIEF FINANCIAL OFFICER	
Street Address (P.O. Box Number is Not Acceptable) 100 E. GAINES ST.	
City, Apt. #, Etc. WALLAHASSEE	
State FL	Zip Code 32399

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 **Not Required**

Date

REGISTERED AGENT MUST SIGN

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

AS	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Terence McCafferty	6131 Falls of Neuse Rd. Suite 306	RALEIGH, NC 27609 US
O	Timothy MacAleese	6131 Falls of Neuse Rd. Suite 306	RALEIGH, NC 27609 US
urer	Daniel Shultis	6131 Falls of Neuse Rd. Suite 306	RALEIGH, NC 27609 US
erson	Sarah Doran	6131 Falls of Neuse Rd. Suite 306	RALEIGH, NC 27609 US
ary	Eric Liland	6131 Falls of Neuse Rd. Suite 306	RALEIGH, NC 27609 US
ary	Benson Jeffress	6131 Falls of Neuse Rd. Suite 306	RALEIGH, NC 27609 US

mail Address: compliance@fallslakeins.com

(To be used for future annual report notification)

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 statement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees paid by the corporation for this application are in full. I declare that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that making a false statement on this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Benson Jeffress, Asst. Secretary & AVP 02/17/2021 919-900-0941

NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone