

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 263326

1. Corporation Name

NATIONS INSURANCE GROUP, INC.

2. Principal Office Address

1217 MICCOSUKEE RD

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32308

Country

USA

3. Mailing Office Address

PO BOX 4343

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32315

Country

USA

REINSTATEMENT

01-06

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/1962

5. FEI Number

59-1008745

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

WILLIAM R. JONES III

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

1217 MICCOSUKEE RD

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32308

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

REGISTERED AGENT MUST SIGN

Date 12-08-2005

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
P	WILLIAM R JONES JR	1217 MICCOSUKEE RD	TALLAHASSEE, FL 32308
S/T	WILLIAM R JONES III	1217 MICCOSUKEE RD	TALLAHASSEE, FL 32308

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-08-05

Date

850-878-7195

Daytime Phone #