

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 27 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 263326

1. Corporation Name

NATIONS INSURANCE GROUP, INC.

2. Principal Office Address

1217 MICCOSUKEE RD

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 4343

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32308

Country

USA

Zip

32315

Country

USA

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

REINSTATEMENT 01-06

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

[Signature]
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
			400069052734 03/30/08 21044-017 **1508.75 \$13/27

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-08-05

Date

850-878-7195

Daytime Phone #