

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

01 DEC 12 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 333830

1. Corporation Name

MOBILE AMERICA INSURANCE GROUP, INC.

Principal Place of Business

P O BOX 10729  
JACKSONVILLE FL 32247-7729

Mailing Address

P O BOX 10729  
JACKSONVILLE FL 32247-7729



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.  
P O Box 17127  
City & State

Jacksonville, Florida  
Zip Country  
32245-7172 USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
P O Box 17127  
City & State

Jacksonville, Florida  
Zip Country  
32245-7127 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/15/1968

5. FEI Number

59-1218934

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
V	SANDERS, DUANE A.	10475-110 FORTUNE PARKWAY	JACKSONVILLE FL
P	J. John Wortman	1200 Riverplace Blvd. S-902	Jacksonville, Fla
D	GARRITY, J M	10475-110 FORTUNE PARKWAY	JACKSONVILLE FL 32256
PD	MCCORKLE, THOMAS J.	10475-110 FORTUNE PKWY	JACKSONVILLE FL
S	PURCELL, CARLENA E.	10475-110 FORTUNE PKWY	JACKSONVILLE FL
C D	Arthur Cahoon	1200 Riverplace Blvd. S-902	Jacksonville, Fla
D	SMITH, LEE	10450 SAN JOSE BLVD. 3	JACKSONVILLE FL
S T	Mark Brockelman	1200 Riverplace Blvd. S-902	Jacksonville, Fla

8. Name and Address of Current Registered Agent

MCCORKLE, THOMAS J  
10475-110 FORTUNE PKWY  
JACKSONVILLE FL 32256

9. Name and Address of New Registered Agent

Name  
J. John Wortman  
Street Address (P.O. Box Number is Not Acceptable)  
1200 Riverplace Blvd  
Suite, Apt. #, Etc.  
Suite 902  
City  
Jacksonville  
State  
FL  
Zip Code  
32207

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

*J. John Wortman*  
REGISTERED AGENT MUST SIGN

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Date \*\*\*9730000 2439050.00

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.

SIGNATURE:

*J. John Wortman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. John Wortman 10/22/01 421-3276

Date

Daytime Phone #

CR2E040 (8/01)