

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # 735680 1. Entity Name BAY COUNTY INDEPENDENT INSURERS, INC.				FILED OCT 12 2007 9:10 JAIL STATE TALLAHASSEE, FLORIDA	
Principal Place of Business P O BOX 925 PANAMA CITY, FL 32402-8120		Mailing Address P O BOX 925 PANAMA CITY, FL 32402-8120			
2. Principal Place of Business - No P.O. Box # C/O GRANTHAM AGENCY Suite, Apt. #, etc. 1148 JENKS AVE.		3. Mailing Address Suite, Apt. #, etc.		10112007 REIN-NP CR2E099 (1/07)	
City & State PANAMA CITY FL		City & State		4. FEI Number NOT APPLICABLE	
Zip 32401		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RATLIFF, CYNTHIA E 2617A W. 23RD STREET PANAMA CITY, FL 32405			7. Name and Address of New Registered Agent Name PATRICK QUIRK Street Address (P.O. Box Number is Not Acceptable) 455 HARRISON AVE., SUITE D City PANAMA CITY FL Zip Code 32401		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Patrick Quirk</i></u> PATRICK QUIRK 10/11/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CULPEPPER, ROBBIE G 3106 W. 23RD ST. PANAMA CITY, FL 324054908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRANTHAM, JIM 1148 JENKS AVE. PANAMA CITY FL 32401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOPKO, SUSAN 2424 JENKS AVE PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CINDY SCHOTT 3106 WEST 23RD ST. PANAMA CITY FL 32401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RATLIFF, CYNTHIA E 2617A W. 23RD STREET PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD QUIRK, PAT 455 HARRISON AVE., SUITE D PANAMA CITY FL 32401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	000110744320 10/12/07--01065--016 **70.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	REINSTATEMENT		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	SIGNATURE <u><i>Patrick Quirk</i></u> PATRICK QUIRK 10/11/07 <small>Signature, typed or printed name of signing officer or director. Date</small>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Patrick Quirk</i></u> PATRICK QUIRK 10/11/07 850 769 4828 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #</small>					

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BROWARD HALL AGENCY

GENERAL
INSURANCE

P.O. Drawer 2210
415 Magnolia Ave.
Panama City, FL 32402

Phones:
850/769-4828
850/769-4820

October 11, 2007

TO: Division of Corporations

FR: Pat Quirk,

Secretary/Treasurer, Bay County Independent Insurers, Inc.

RE: Reinstatement / Document #735680

Enclosed please find check #1017 in the amount of \$70 (\$61.25 for the reinstatement fee plus \$8.75 for the Certificate of Status).

Please note we are Non-Profit, and the individual/Officer who should have received this notice and responded is no longer a participating member. Our apologies. Please note all new Officers for our organization listed on the form. We took office October 1st, 2007 and are in the process of getting everything updated and current.

Please reinstate the Bay County Independent Insurers, Inc. at your earliest convenience, and please contact me directly if we are missing any information or if you have any questions or require additional information. Your attention to this is greatly appreciated.

Sincerely,



Pat Quirk, Secretary Treasurer
Bay County Independent Insurers, Inc.

c/o Broward Hall Agency (850)769-4828

