

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND  
FILED  
04 NOV -8 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 807985**

**1. Corporation Name**  
UNISUN INSURANCE COMPANY

9300 ARROWPOINT BLVD  
CHARLOTTE, NC 28273

**2. Principal Office Address**  
9300 ARROWPOINT BLVD

Suite, Apt. #, etc.

**City & State**  
CHARLOTTE, NC

**Zip**  
28273

**Country**  
USA

**3. Mailing Office Address**  
CHARLOTTE, NC 28273

Suite, Apt. #, etc.

**City & State**  
CHARLOTTE, NC

**Zip**  
28273

**Country**  
USA

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida** 12/22/1891

**5. FEI Number**  
57-0114625

**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**  
CORPORATION SERVICE COMPANY

**Street Address (P.O. Box Number is Not Acceptable)**  
1201 HAYS STREET

Suite, Apt. #, Etc.

**City**  
TALLAHASSEE

300042840863  
11/17/04 01051 011 \*\*\*750.00  
State Zip Code  
FL 32301

**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

**Jeanine Reynolds  
as its agent**

**Date**

11-8-04

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| PCEO   | JOHN TIGHE                           | 9300 ARROWPOINT BLVD                              | CHARLOTTE, NC 28273 |
| VP     | DENNIS W. CAHILL                     | 9300 ARROWPOINT BLVD                              | CHARLOTTE, NC 28273 |
| S      | LINDA Y. PETTIGREW                   | 9300 ARROWPOINT BLVD                              | CHARLOTTE, NC 28273 |
| T      | GWYN W. FULLER                       | 9300 ARROWPOINT BLVD                              | CHARLOTTE, NC 28273 |
| VCFO   | SEAN A. BEATTY                       | 9300 ARROWPOINT BLVD                              | CHARLOTTE, NC 28273 |
| VP     | DAVID M. DAVENPORT                   | 9300 ARROWPOINT BLVD                              | CHARLOTTE, NC 28273 |

**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:**

David M. Davenport

**Date**

10/26/03

**Daytime Phone #**

804 502-3510

CR2E001 (01/04)