


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 835827

1. Corporation Name
 TYVOLA INSURANCE CO.

2. Principal Office Address 1411 Main Street		3. Mailing Office Address P.O. Box 723099	
Suite, Apt. #, etc. Suite 1500		Suite, Apt. #, etc.	
City & State Columbia, SC		City & State Atlanta, GA	
Zip 29202	Country USA	Zip 31139-0099	Country USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
56-0773500

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED ES.76 additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Chief Financial Officer

Street Address (P.O. Box Number is Not Acceptable)
PO Box 6200 (32314-6200)

Suite, Apt. #, Etc.
200 E. Gaines St

City
Tallahassee

State
FL

Zip Code
32399

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0605 ~ 817.0601, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 2 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	William J. Lohmsyer	2410 Paces Ferry Road	Atlanta, GA 30339
S/V	Craig R. Edwards	2410 Paces Ferry Road	Atlanta, GA 30339
V/D	Mathew R. Pollak	2410 Paces Ferry Road	Atlanta, GA 30339
V	Kenneth L. Braaham	2410 Paces Ferry Road	Atlanta, GA 30339
V	Thomas S. Maupin	2410 Paces Ferry Road	Atlanta, GA 30339
V	Linda R. McMurray	2410 Paces Ferry Road	Atlanta, GA 30339

10. I certify that I am an officer or director or the member or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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(1)(g), 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: *Ken R. Edwards* 800-883-9365 x4071
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR July 20, 2004
 Date 678-309-4071
 Daytime Phone #

Attachment to Corporation Reinstatement Form

Question 9:

<u>Title</u>	<u>Name</u>	<u>Street Address</u>	<u>City/State/Zip</u>
D	Troy E. Barber	2410 Paces Ferry Road	Atlanta, Georgia 30339
D	John C. Bowles	2410 Paces Ferry Road	Atlanta, Georgia 30339

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

TYVOLA INSURANCE CO.

Certificate of Status	0
Certified Copy	0
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