

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # F00000006745

1. Corporation Name

ACORDIA OF VIRGINIA INSURANCE AGENCY, INC.

Principal Place of Business

115 N. ST. ASAPH ST.
ALEXANDRIA VA 22314

Mailing Address

PO BOX 25948
ALEXANDRIA VA 22313-5948

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/2000

5. FEI Number

54-1367742

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
P	PATERNO, ANDREW J	ONE HILLCREST DRIVE EAST	CHARLESTON WV
SD	EATON, NANCY K	111 MONUMENT CIRCLE ST 3200	INDIANAPOLIS IN
TAS	BRODERICK, DEBORAH M	111 MONUMENT CIRCLE ST 3200	INDIANAPOLIS IN
AS	THOMAS, JUDITH P	ONE HILLCREST DRIVE EAST	CHARLESTON WV
V	MCQUATE, GLENN W	210 FIRST STREET SW	ROANOKE VA
V	WYSONG, DAVID A	115 N. ASAPH STREET	ALEXNADRIA VA

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature of Registered Agent
REGISTERED AGENT MUST SIGN

Date

10/29/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 02-03

000009213790
11/25/02--01095--004 ***600.00

CR2ED40 (8/02)