

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

03 OCT 17 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000006556

1. Corporation Name

VESTA INSURANCE GROUP, INC.

000023911180
10/17/03--01075--016 **158.75

REINSTATEMENT 2003

2. Principal Office Address

3760 RIVER RUN DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

3760 RIVER RUN DRIVE

Suite, Apt. #, etc.

City & State

BIRMINGHAM, AL

City & State

BIRMINGHAM, AL

Zip

35243

Country

U.S.A.

Zip

35243

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/01

5. FEI Number

63-1097283

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

CT Corporation

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Date

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	GAYLE, NORMAN W III	3760 RIVER RUN DRIVE	BIRMINGHAM, AL 35243
VS	THORNTON, DONALD W	3760 RIVER RUN DRIVE	BIRMINGHAM, AL 35243
VCFO	NANCE, HOPSON	3760 RIVER RUN DRIVE	BIRMINGHAM, AL 35243
VAS	MCCULLOUGH, JOHN W	3760 RIVER RUN DRIVE	BIRMINGHAM, AL 35243
V	MANGOLD, THOMAS E	3760 RIVER RUN DRIVE	BIRMINGHAM, AL 35243
V	MEADOWS, E. MURRAY	3760 RIVER RUN DRIVE	BIRMINGHAM, AL 35243

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. MCCULLOUGH

10/15/03

Date

205-970-7056

Daytime Phone #

CR2E081 (10/02)

VESTA INSURANCE GROUP, INC.

P.O. BOX 43360 3760 RIVER RUN DRIVE

BIRMINGHAM, ALABAMA 35243

(205) 970-7000



Via Overnight Delivery

October 15, 2003

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Reinstatement Application

Dear Sir/Madam:

Vesta Insurance Group, Inc. did not receive a 2003 Annual Report / Uniform Business Report and, as result thereof, did not file same. The corporation was, in September 2003, administratively dissolved or revoked.

Enclosed is a Corporation Reinstatement Application for Vesta Insurance Group, Inc. together with a check, in the amount of \$ 158.75, in payment of the fee associated with this request and for a Certificate of Status. Please return the Certificate of Status to the undersigned.

If you have any questions, please call the undersigned at (205) 970-7056.

Thank you for your assistance in this matter.

Very truly yours,

A handwritten signature in dark ink, appearing to read "John W. McCullough". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

John W. McCullough, Esq.

Vice President and Associate General Counsel

JWM/kw

Enclosures