
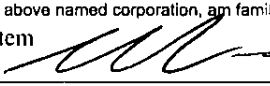
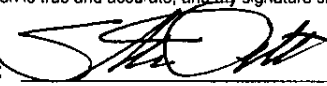


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2009 APR - 6 AM 10:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F02000000990					
1. Corporation Name CNL/INSURANCE AMERICA, INC.					
2. Principal Office Address - No P.O. Box # 2960 RIVERSIDE DRIVE			3. Mailing Office Address P.O. BOX 6097		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MACON, GA			City & State MACON GA		
Zip 31204	Country USA	Zip 31208-6097	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 02/22/2002	
5. FEI Number 581761968				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road. Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324				<input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
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. C T Corporation System Signature of Registered Agent  Michele Miller Assistant Secretary 04/01/09 REGISTERED AGENT MUST SIGN					
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		
	See attached				
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 contained in Chapter 119, 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: 		Steven D. Ostlie, Secretary		3/3/09	651-665-4276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Daytime Phone #

Current Officers

<u>Name</u>	<u>Title</u>
Christopher R. Greene ✓	President and CEO
James Keath Daniels ✓	Treasurer and CFO
Steven D. Ostlie ✓	Secretary
Terry McClellan ✓	Vice President
Carswell Petersen ✓	Vice President and Controller
Warren J. Zaccaro ✓	Vice President

Assistant Secretaries

Dean Czarnetzki
Adam M. Swartz

Current Directors

Name
Robert L. Senkler (Chair)
Warren J. Zaccaro ✓
Christopher R. Greene ✓
Christopher M. Hilger
James Keath Daniels ✓
Terry McClellan (Observer) ✓

Address for all Officers/Directors:
2960 Riverside Drive
Macon, GA 31204