

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION.  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2006 NOV 27 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F03000000258

1. Corporation Name  
Name: The Risk Marketing Group, Inc.  
Southern States Insurance Agency, Inc.

→ Cross Reference

2. Principal Office Address  
301 Centre Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Amelia Island, FL

City & State

Zip  
32034

Country  
USA

Zip

Country

B 11/29/06  
**REINSTATEMENT** 04-06  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida 11/14/2003

5. EFL Number  
58-2011500

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  
Doug Bailey

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

Suite, Apt. #, Etc.

City  
Amelia Island

State  
FL

Zip Code  
32034

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

*Doug Bailey*  
REGISTERED AGENT MUST SIGN

Date 11/6/06

**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
PST	Doug Bailey	301 Centre Street	Amelia Island, FL 32034

800081753508  
11/14/06--01014--007 \*\*450.00

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:

*Doug Bailey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/06

Date

904-261-9828

Daytime Phone #

*Purcell*

LAW OFFICES

**PURCELL, FLANAGAN & HAY, P.A.**

1548 LANCASTER TERRACE  
JACKSONVILLE, FL 32204

MAILING ADDRESS:  
POST OFFICE BOX 40749  
JACKSONVILLE, FL 32203

TIMOTHY L. FLANAGAN\*  
JONATHAN L. HAY\*  
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LINDA R. WICKER  
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KRISTEN D. DRAKE  
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(1947 - 2004)

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November 20, 2006

\* LL.M. IN TAXATION

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Southern States Insurance Agency, Inc. (the "Corporation")

Dear Sir or Madam:

Our firm represents the above-referenced Corporation. Enclosed are a corporation reinstatement form and a check in the amount of \$450.00 to cover the cost of the filing fee for the Corporation. The Corporation moved its corporate offices and did not receive notification of the annual filing for the years 2004, 2005, and 2006. As soon as it was discovered that the corporation had been dissolved, corrective steps were taken. Therefore, we respectfully request a waiver of the reinstatement fees.

Thank you for your assistance in this matter.

Sincerely,

*Lorie L. Chism*  
cw

Lorie L. Chism

LLC/clw

Enclosures

cc: Doug Bailey, President  
Southern States Insurance Agency, Inc.