

2008 FOR PROFIT CORPORATION REINSTATEMENT

10fz

DOCUMENT # F06000003466	
1. Entity Name WACHOVIA INSURANCE AGENCY, INC.	



FILED

2008 APR 30 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 230 SOUTH TRYSON STREET SUITE 800 CHARLOTTE, NC 28202	Mailing Address 401 SOUTH TRYON STREET FLOOR 19 CHARLOTTE, NC 28202
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2. Principal Place of Business - No P.O. Box # 2711 Centerville Road	3. Mailing Address Suite, Apt. #, etc. Suite 400 City & State Wilmington, DE
Zip 19808	Country

04292008 REIN R	CR2E098 1107
REINSTATEMENT	
54-0702835	Applied For Not Applicable

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Harry B. Davis</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

Harry B. Davis
Asst. Vice President

4/30/08
DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REID, ROBERT L 401 SOUTH TRYON STREET CHARLOTTE, NC 28202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHRM HAWK, JOHANNE 401 SOUTH TRYON STREET CHARLOTTE, NC 28202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCHR LAPLACA, THERESA 401 SOUTH TRYON STREET CHARLOTTE, NC 28202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LAPLACA, THERESA 401 SOUTH TRYON STREET CHARLOTTE, NC 28202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JACKSON, BEVERLY W ASST. 301 SOUTH COLLEGE STREET CHARLOTTE, NC 282880630 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S AUSTIN, PATRICIA 301 SOUTH COLLEGE STREET CHARLOTTE, NC 282880630 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

100127361941

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beverly W. Jackson Beverly W. Jackson **4/29/2008** 704-374-3021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CORPORATION SERVICE COMPANY

RECEIVED

08 APR 30 AM 11:13

ACCOUNT NO. : 072100000032
REFERENCE : 551578
AUTHORIZATION :
COST LIMIT : \$ 900

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
167868A

ORDER DATE : April 30, 2008

ORDER TIME : 10:10 AM

ORDER NO. : 551578-005

CUSTOMER NO: 167868A

REINSTATEMENT

NAME: WACHOVIA INSURANCE AGENCY,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS _____