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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

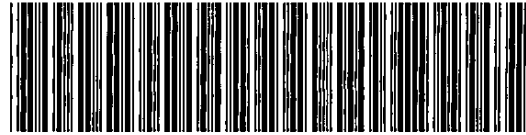
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Patti Lynn GAVE
AUTHORIZATION BY PHONE TO
CORRECT name
DATE 9/14/07
DOC. EXAM VH

Office Use Only



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09/10/07--01020--021 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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VH

1 First Insurance Network, Inc.

Managing General Agents
P.O. Box 720713
ATLANTA, GEORGIA, 30358-2713

September 6, 2007

Florida Department of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: First Insurance Network, Inc. Registration

Dear Division of Corporations:

Please find enclosed the following:

- Cover letter
- Certificate of Existence dated 7/9/2007
- Check number 52417 for the \$78.75 Filing Fee & Certificate of Status

Also, please find enclosed a copy of the Assignment of First Insurance Network, Inc.; a Florida corporation, to William A. Dial, Jr. as of 9/11/2006. This corporation name was already listed as a Florida corporation in 2004, and it prevented us from registering First Insurance Network, Inc. in Florida because of the name similarity.

We have included a copy of the Dissolution request of First Insurance Network, Inc., a Florida corporation, to the Amendment Section of the DOI.

Hopefully, this will make it possible to register First Insurance Network, Inc. in Florida.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Jacqueline Kimble
Administrative Assistant

/jk

Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: First Insurance Network, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

William A. Dial, Jr.
(Name of Person)

First Insurance Network, Inc.
(Firm/Company)

2889 Elmwood Drive
(Address)

Smyrna, Georgia 30080-3709
(City/State and Zip code)

For further information concerning this matter, please call:

Jairam Yerramilli at (770) 436-7575 x129
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. **First Insurance Network, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

FIRST INSURANCE NETWORK, INC. A GEORGIA CORPORATION

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia 3. 58-2024315
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/23/1992 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. None
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2889 Elmwood Drive, Smyrna, GA 30080-3709
(Principal office address)
- P.O. Box 720713, Atlanta, Georgia 30358-2713
(Current mailing address)

8. **Managing General Agents**
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

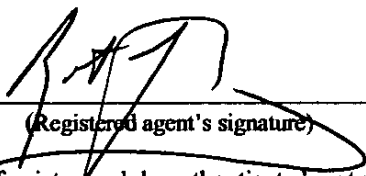
Name: Robert J. Ray

Office Address: 1533 North Ridge Lake Circle

Longwood, Florida 32750
(City) (Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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A. DIRECTORS

Chairman: William A. Dial, Jr.
Address: 2889 Elmwood Drive
Smyrna, GA 30080-3709

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: Donald E. Tefft
Address: 2889 Elmwood Drive
Smyrna, GA 30080-3709

Director: Marianne Johnston
Address: 2889 Elmwood Drive
Smyrna, GA 30080-3709

B. OFFICERS

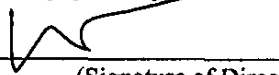
President: William A. Dial, Jr.
Address: 2889 Elmwood Drive
Smyrna, GA 30080-3709

Vice President: Marianne Johnston
Address: 2889 Elmwood Drive
Smyrna, GA 30080-3709

Secretary: Donald E. Tefft
Address: 2889 Elmwood Drive, Smyrna, GA 30080-3709

Treasurer: Jairam Yerramilli
Address: 2889 Elmwood Drive, Smyrna, GA 30080-3709

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. William A. Dial, Jr. President
(Typed or printed name and capacity of person signing application)

Control No. K225046

STATE OF GEORGIA

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

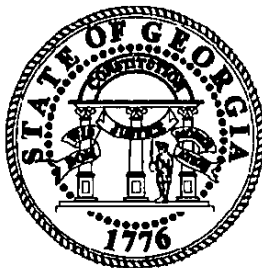
FIRST INSURANCE NETWORK, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 12/23/1992 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 9th day of July, 2007

Karen C Handel
Secretary of State