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**Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FOREIGN PROFIT/NONPROFIT CORPORATION

Tapco Underwriters, Inc.

Certificate of Status	0
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**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. Tapes Underwriters, Inc.

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

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

2. North Carolina

(State or country under the law of which it is incorporated)

3. applied for

(FEI number, if applicable)

4. 12/31/2008

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or Perpetual)

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 200 West Second Street, Winston Salem, NC 27102

(Principal office address)

SAME

(Current mailing address)

8. General Insurance

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(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.

C T Corporation System

By: Dale W. Morris

(Registered agent's signature)

DALE W MORRIS
ASSISTANT VICE PRESIDENT

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.

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

A. DIRECTORS

Chairman: H. Wade Reese

Address: 3605 Glenwood Avenue

Raleigh, NC 27612

Vice Chairman: David Pruett

Address: 3605 Glenwood Avenue

Raleigh, NC 27612

Director: Andrea Holder

Address: 3605 Glenwood Avenue

Raleigh, NC 27612

Director: Preston Gough

Address: 3605 Glenwood Avenue

Raleigh, NC 27612

B. OFFICERS *SEE ATTACHMENT*

President: Tap Johnson

Address: 3605 Glenwood Avenue

Raleigh, NC 27612

Vice President: _____

Address: _____

Secretary: Andrea Holder

Address: 3605 Glenwood Avenue, Raleigh, NC 27612

Treasurer: _____

Address: _____

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. H. Wade Reese Director

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

**Attachment to Florida
Officers & Directors**

- | | | |
|---|-------------------|-------------------------|
| 1 | Full Name: | H. Wade Reese |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | |
| | Director's Title: | Chairman |
| | Business Address: | 3605 Glenwood Avenue |
| | City: | Raleigh |
| | State: | NC |
| | ZIP Code: | 27612 |
| 2 | Full Name: | David Pruett |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | Chief Operating Officer |
| | Director's Title: | Vice Chairman |
| | Business Address: | 3605 Glenwood Avenue |
| | City: | Raleigh |
| | State: | NC |
| | ZIP Code: | 27612 |
| 3 | Full Name: | Preston Gough |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | CEO |
| | Director's Title: | Other Director |
| | Business Address: | 3605 Glenwood Avenue |
| | City: | Raleigh |
| | State: | NC |
| | ZIP Code: | 27612 |



NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

TAPCO UNDERWRITERS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 31st day of December, 2008, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 2nd day of January, 2009.

Elaine F. Marshall

Secretary of State

