-	PLEASE READ	ALL INST	RUCTIO	NS BEFORE C	OMPLETI	NG THIS FORM	P10for		
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DOCUMENT # F18000005662 1. Corporation Name ASI SELECT INSURANCE CORP.						ist in the state of the state o			
· ·	pal Office Address - No P.O. Box #	KEINSTATEMENT							
Suite, Apt.			1 ASI WAY Suite, Apt. #, etc.			CR2E081 (11/13)			
City & Stat		City & State			4. Date Incorporated or Qualified To Do Business in Florida 12/10/2018				
ST P	ETERSBURG FL	ST PET	ST PETERSBURG FL			5. FEI Number Applied For 27-3421622 Not Applicat			
շւթ 3370	2 Country	^{Zip} 33702	Co	untry	6. CERTIFICAT	75 Additional Fee required or a Certificate of Status			
	7. Name and Address	of Current Regist	ered Agent		i — —				
Name (CHIEF FINANCIAL C	OFFICER	<u> </u>						
	Idress (P.O. Box Number is Not Acceptabl AST GAINES STREET	e)							
Sulte, Ap	it, #, Elc.				200337038592				
City TALLA	HASSEE		Sta F	te Zip Code L 32399	11/14/1301007013 **758.75				
8. I, bein Signatura Registered	of NOT		Dete						
9. Name	es and Street Addresses of Each Officer a	nd/or Director (Flor	rida nonprofit c						
Titles	Name of Officers and/or Director	5		Street Address of Each Officer and/or Director					
PD	DAVID PRATT	A	/		ST PETERSBURG FL 33702				
S∨	KATHLEEN SUNI	DBERG				ST PETERSBURG FL 33702			
Т	ALBERT PLESS	; 🗸				ST PETERSBURG FL 33702			
V	SHERRI BATES					ST PETERSBURG FL 33702			
DV	TANYA FJARE	✓				ST PETERSBURG FL 33702			
V						ST PETERSBL	JRG FL 33702		
^{10.} E-m	all Address: Ompli	ance Ca	151 Corp	. 019 sed for fyture annual repor	t notification)				
reinsta owed i if mad	y that I am an officer or director or the reco atament application, the reason for dissolut by the corporation have been paid. I furthe under oath. I am aware that false informa- ATURE:	Ion has been etimin r certify, the inform ation submitted in a	npowered to ex nated, the corp lation indicated a document to t	ecute this application as orate name satisfies the on this application is true	provided for in ch requirements of se and accurate, an ionstitutes a third i	ection 607.0401 or 617.0401, id my signature shall have the degree felony as provided for	F.S., and that all fees same legal effect as		
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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2. Pricipal Office Address - No P 0 Box # 1 ASI WAY Stre. Act. 4 etc. 3. Mailing Office Address and Addres and Address and Address and Address and Address and Address and A	1. Corporation Name												
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