

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

19 NOV 14 PM 4:23

SEAL OF THE STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # F18000005662

1. Corporation Name

ASI SELECT INSURANCE CORP.

REINSTATEMENT

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #

1 ASI WAY

3. Mailing Office Address

1 ASI WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

Zip

33702

Country

Zip

33702

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/2018

5. FEI Number

27-3421622

☐ 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

CHIEF FINANCIAL OFFICER

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

200 EAST GAINES STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32399

200887088592
11/14/19--01007--013 **758.75

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

NOT REQUIRED

Date

REGISTERED AGENT MUST SIGN

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
PD	DAVID PRATT ✓		ST PETERSBURG FL 33702
SV	KATHLEEN SUNDBERG ✓		ST PETERSBURG FL 33702
T	ALBERT PLESS ✓		ST PETERSBURG FL 33702
V	SHERRI BATES ✓		ST PETERSBURG FL 33702
DV	TANYA FJARE ✓		ST PETERSBURG FL 33702
V	PATRICK MCCRINK ✓		ST PETERSBURG FL 33702

10. E-mail Address:

compliance@asicorp.org

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NOV 14 2019

P2012

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Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	JOHN AUER ✓		ST PETERSBURG FL 33702
D	BRIAN DOMECK ✓		ST PETERSBURG FL 33702
D	KEVIN MILKEY ✓		ST PETERSBURG FL 33702

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SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/19

Date

727-621-8765

Daytime Phone #