PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 14 PM 3:56

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000001090

1. Corporation Name

First Advantage Insurance Agency, Inc.

REINSTATEMENT 00-01

2. Principal Office Address		**3.** Mailing Office Address	
700 SW Harrison		700 SW Harrison	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Topeka, KS		Topeka, KS	
Zip	Country	Zip	Country
66636	USA	66636	USA

4. Date Incorporated or Qualified To Do Business in Florida 3-4-1994

5. FEI Number 48-1136500 — 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation — State: FL — Zip Code: 33324

800004703878---3
-12/04/01--01036--005
****350.00 ****350.00
900004703879---0
-12/04/01--01036--006
****550.00 ****550.00

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: M.S. Green — Date: 11/5/01

REGISTERED AGENT MUST SIGN M.S. Green Asst Sec

CR2E081 (9/00)

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
DP	Gregory J. Garvin	700 SW Harrison	Topeka, KS 66636
S	Amy J. Lee	700 SW Harrison	Topeka, KS 66636
TD	James R. Schmank	700 SW Harrison	Topeka, KS 66636

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Amy J. Lee — Amy J. Lee — 11-7-2001 — 785 431 3278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #