

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 NOV 20 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

①

DOCUMENT # F95000000668

1. Corporation Name
AGENCY PREMIUM FUNDING, INC.

Principal Place of Business
**1800 LAKE PARK DR
SUITE 100
SMYRNA GA 30080**

Mailing Address
**1800 LAKE PARK DR
SUITE 100
SMYRNA GA 30080**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/09/1995	
City & State		City & State		5. FEI Number	
Zip		Country		58-1811818	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
•BDO	GRANESE, PRISCILLA J	1800 LAKE PARK DR., #100	SMYRNA GA 30080
•DC	WAGLEY, DONALD A	1800 LAKE PARK DR., #100	SMYRNA GA 30080
P	O'Halloran, Kevin (X)	1800 Lake Park Dr., Ste 100	Smyrna, Ga 30080
S	Hancock, Gerald (X)	1800 Lake Park Dr., Ste 100	Smyrna, Ga 30080
⊗ Interim officers			5000023548251-3 -11/21/97--01120--003 ###173.75 ***173.75

8. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., #105
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
Brian Stack
Street Address (P.O. Box Number is Not Acceptable)
3250 Miami Center 201 South Biscayne Blvd
Suite, Apt. #, Etc.
City
Miami State
FL Zip Code
33131

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* Date **11/17/97**
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on Intangible tax.)

12. 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: *[Signature]* PRESIDENT Date **11/12/1997** Daytime Phone # **(770)4322284**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/97)



2

November 11, 1997

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Fl. 32314-6327

Re: Agency Premium Funding, Inc.
FEI# 58-1811818
Document # F95000000668
Fl. Incorporation date: 2/9/95

Dear Sirs:

We have attached to this letter our application for reinstatement in the State of Florida. We realize that the form is late, for which we apologize, and we are requesting a waiver of the late filing for this form due to the information provided below.

The Company filed a Chapter 11 petition under the US Bankruptcy Code on February 12, 1997. Since that time, the Company has undergone a transition in upper management. Evidently the annual report was received by the prior management but never passed on to the new management team. When we received your Notice of Revocation we immediately began filling out the document to be submitted to your offices. We spoke with a person in your offices on Wednesday, November 5, who instructed us to send this letter to request a waiver of having to pay the late filing amount.

We appreciate your time and understanding in this matter. We have attached a check with the reinstatement form for the original amount due of \$165.00. If you should have any questions, please give me a call at 770-432-2284.

Thank you in advance for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Gerald Hancock".

Gerald Hancock
Interim Secretary