

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

99 AUG 10 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000000003

1. Corporation Name

MEMBER PROTECTION PLANS, INC.

Principal Place of Business

Mailing Address

120 Hartford Turnpike South
P.O. Box 827
Wallingford, CT 06492

120 Hartford Turnpike South
P.O. Box 827
Wallingford, CT 06492

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.		12/29/1995	
City & State		City & State		5. FEI Number	
Zip		Zip		06-0978039	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED ☒ \$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
	President Abely, Christopher	11 Wellsweep Street	Madison, CT 06443
	Vice-President Abely, Richard	23 Hallmark Hill	Wallingford, CT 06492
			8000002969868--7 -08/25/99--01073--022 ***1058.75 ***1058.75

REINSTATEMENT 97-99 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Insurance Commissioner
Capitol
Tallahassee, FL 32399-0300
US

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State / Zip Code
	FL

10. 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

REGISTERED AGENT MUST SIGN

Date 7/23/99

11. This corporation owes 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/99 203-265-1894
Date Daytime Phone #

CP2001 (12/98)