PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 NOV 26 PM 4:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

500004717015--9
-12/10/01--01092--010
****900.00 ****900.00

2000-0

DOCUMENT # F98000003640

1. Corporation Name
~~The Redwoods Group, Inc.~~
DBA: Redwoods Underwriters, Inc.

2. Principal Office Address	3. Mailing Office Address
2801 Slater Road	2801 Slater Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 110	Suite 110
City & State	City & State
Morrisville, NC	Morrisville, NC
Zip / Country	Zip / Country
27560 / USA	27560 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/25/1998

5. FEI Number: 56-2087089 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: ~~CT Corporation System~~ Virginia E. Verduin

Street Address (P.O. Box Number is Not Acceptable): ~~1200 South Pine Island Road~~ 210 University Drive

Suite, Apt. #, Etc.: Suite 900

City: ~~Plantation~~ Coral Springs | State: FL | Zip Code: ~~33324~~ 33071

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: Virginia E. Verduin Date: 11/17/01
REGISTERED AGENT MUST SIGN
Virginia Verduin, Asst. Manager

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
PEO	Kevin A. Trapani	2801 Slater Road	Morrisville, NC 27560
/ST	Gregg Davis	4804 Greenpoint Lane	HollySSprings, NC 27540
DC	Adam Abram	109 Catawba Court	Chapel HIll, NC 27514
D	John Latham	9201 FOrest Hill Ave # 9201 Forest Hill Ave, #200	Richmond, VA 23235
D	John Yediny	654 Main Street	Rockwood, PA 15557

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: _____ 11.16.01 800-237-9429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # X1058

FL010 - 10/03/01 C T System Online