

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F98000004288

1. Corporation Name

INSURANCE TECHNOLOGY SERVICES OF AMERICA, INC.

Principal Place of Business

100 CUMMINGS CENTER, SUITE 206G  
BEVERLY MA 01915

Mailing Address

100 CUMMINGS CENTER, SUITE 206G  
BEVERLY MA 01915

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/27/1998

5. FEI Number

04-3314545

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
C	MCCARTHY, BRIAN K	100 CUMMINGS CENTER, SUITE 206G	BEVERLY MA 01915
VC	MCCARTHY, JOHN F JR	100 CUMMINGS CENTER, SUITE 206G	BEVERLY MA 01915
D	<del>SETH, KEVIN J</del> Packer, Ian	<del>100 CUMMINGS CENTER, SUITE 206G</del> 500 North Akard, Ste 4000	<del>BEVERLY MA 01915</del> Dallas, TX 75201
D	FEDDERSEN, DONALD W	1000 WINTER ST #3300	WALTHAM MA 02154
P	<del>BALSER, DONALD S</del> Woon, Peter	100 CUMMINGS CENTER, SUITE 206G	BEVERLY MA 01915
S	BOUDROT, PATRICIA K	100 CUMMINGS CENTER, SUITE 206G	BEVERLY MA 01915

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name  
**REINSTATEMENT**  
Street Address (P.O. Box Number is Not Acceptable)  
800003076658--0  
Suite, Apt. #, Etc.  
-12721799--01060--011  
City  
State  
FL Zip Code  
\*\*\*\*750.00 \*\*\*\*750.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Edward Guisadilla  
Asst. VP

Date 12/2/99

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., 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

12/3/99 (978)927-  
Date Daytime Phone # 6033