

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F98000004472

1. Corporation Name

CONSUMER INSURANCE SERVICES OF AMERICA, INC.

Principal Place of Business

100 CUMMINGS CENTER, STE 206C  
BEVERLY MA 01915

Mailing Address

100 CUMMINGS CENTER, STE 206C  
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

06/06/1998

5. FEI Number

04-3261650

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PCD	MCCARTHY, BRIAN K	100 CUMMINGS CENTER, STE 206G	BEVERLY MA
VD	MCCARTHY JR, JOHN F	100 CUMMINGS CENTER, STE 206C	BEVERLY MA
S	BOUDROT, PATRICIA K	100 CUMMINGS CENTER, STE 206G	BEVERLY MA
T	ROBBIN, STUART A	100 CUMMINGS CENTER, STE 206G	BEVERLY MA
D	SETH, KEVIN J Packer, Ian	100 CUMMINGS CENTER, STE 206G 500 North Akard, Sk 4500	BEVERLY MA Dallas, TX 75201
D	FEDDERSON, DONALD W	100 WINTER STREET, #3300	WALTHAM MA

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

700003071477--1

Street Address (P.O. Box Number is Not Applicable)

-12/15/89--01078--026

Suite, Apt. #, Etc.

\*\*\*\*750.00 \*\*\*\*750.00

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

*Edward Gwizdalla*  
REGISTERED AGENT MUST SIGN Asst. V.P.

Date

10/22/98

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:

*Edward Gwizdalla*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/99  
Date

(484) 27-6633  
Daytime Phone #

REINSTATEMENT 99



FILED

99 DEC -6 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR25140 (8/99)