

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 MAY 21 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000001259**

1. Corporation Name

**W.H. Stuart Insurance Agencies, Inc.**

**REINSTATEMENT**

*00-02*

2. Principal Office Address

**1550 Beaver Run Road**

Suite, Apt. #, etc.

**Suite 200**

City & State

**Norcross, GA**

Zip

**30093**

Country

**USA**

3. Mailing Office Address

**1550 Beaver Run Rd.**

Suite, Apt. #, etc.

**Suite 200**

City & State

**Norcross, GA**

Zip

**30093**

Country

**USA**

4. Date Incorporated or Qualified To Do Business in Florida

**3/8/99**

5. FEI Number

**58-2445788**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**Paracorp Incorporated**

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

**236 E. 6th Avenue**

Suite, Apt. #, Etc.

City

**Tallahassee**

State

**FL**

Zip Code

**32303**

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\*\*\*1058.75 \*\*\*1158.75

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

*Denise Zollner*

**Denise Zollner, Asst. Secretary**

Date **5/14/02**

REGISTERED AGENT MUST SIGN

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
P	James H.M. Stuart	1550 Beaver Run Rd. Ste. 200	Norcross, GA 30093
S/T	Kirk A. McMillan	1550 Beaver Run Rd. Ste. 200	Norcross, GA 30093

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:

*K.A. McMillan*

**Kirk A. McMillan** 4/29/02 (678) 380-6071

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)