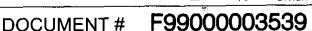
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris **FOR**

Secretary of State DIVISION OF CORPORATIONS



1. Corporation Name

INTERNATIONAL ASSOCIATION OF INSURANCE RECEIVER S, INC.

Principal Place of Business

REINSTATEMENT

Mailing Address

174 GRACE BLVD.

174 GRACE BLVD.



DO NOV -8 PM 1:25

SECRETARY OF STATE TALLAHASSEE, FLORIDA



ALTAMONT	E SPRINGS FL 32714	ALTAMONTE SPRINGS FL 32714			J 108/100 16/0 18/10 18/11 BOIN BOIN BOIN BOIN BOIN BOILD BILD BOING AND TORK ION						
If above a	addresses are incorre	ct in any way, line th	rough incorrect in	formation and	enter co	rrection below.		<u></u>			
New Principal Office Address, If Applicable New Principal Office Address, If Applicable				ailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 07/01/1999				
Suite, Apt. #, etc. Suite, Apt. #				etc.			5. FEI Number Applied For				
City & State City & S				ate				51-0335737 Not Applicable			
Zip Country		Zip Country		Country		CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status					
7. Names	and Street Addresse		d/or Director (Flo	rida nonprofit c							
Title(s)	(s) Name of Officers and/or Directors					eet Address of Each icer and/or Director		City / State / Zip			
СР	CRAIG, ROBERT F			10306 REGENCY PARKWAY DRIVE			OMAHA NB 68114				
VCVP	LOVETTE, ELIZA	311 W. WASHINGTON STREET			INDIANAPOLIS IN 46204						
D	KEYES, PAULA	174 GRACE BLVD.			ALTAMONTE SPRINGS FL 32714						
D	STINSON, JAME	ON FIRST NATIONAL PLAZA #4900			CHICAGO IL 60603						
S	GORDON, JAME	821 NORTH CHARLES STREET			BALTIMORE MD 21201						
Ţ	T STEPHENSON, DALE				10 WEST MARKET STREET, SUITE 119			INDIANAPOLIS IN 46204			
8. Name and Address of Current Registered Agent							Name and Address of New Registered Agent				
						Name		1			
	S, PAULA	and the second s		سنحان جسيد	n de la	SITEMPER	N mbe	er (s Vo) Asceptable)	<u> </u>		
174 GRACE BLVD. ALTAMONTE SPRINGS FL 32714				Suite, Apt. #, Etc.			80-8 to a	MIN			
ALTA	5 Street - Suite, Apr. #, Etc.										
						City		State FL	e Zip Cod	le	
10. I, beir	ng appointed the regis	stered agent of the a	bove named corp	oration, am fan	miliar with	n and accept the d	obligations of Se	ction 607.0505, F.S.		:	
Signature Registered	of d Agent	SIQL	REGISTERED AG	RENT MUST SI		IRED		Date 10/	<u> 23/C</u>	0	
			LOIGIERED AC								
this re	inetutument ennlineti	on, the reason for dis ive been paid and th	ssolution has beer e names of indivi	n eliminated, th duals listed on	ne corpor this form	ate name satistie: I do not qualify fo	s the requirement of an exemption user oath.	hapter 607 or 617, F.S. I furthe its of section 607.0401 or 617.0 inder section 119.07(3)(i), F.S.	The inform	ation indicated	
				7			£	400000348	5000F	4	

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Daytime Phone #