

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONSAPPROVED  
AND  
FILED

00 NOV -8 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F99000003539

1. Corporation Name

INTERNATIONAL ASSOCIATION OF INSURANCE RECEIVER  
S, INC.

Principal Place of Business

174 GRACE BLVD.  
ALTAMONTE SPRINGS FL 32714

Mailing Address

174 GRACE BLVD.  
ALTAMONTE SPRINGS FL 32714

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 &amp; State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/01/1999

5. FEI Number

51-0335737

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
CP	CRAIG, ROBERT F	10306 REGENCY PARKWAY DRIVE	OMAHA NB 68114
VCVP	LOVETTE, ELIZABETH	311 W. WASHINGTON STREET	INDIANAPOLIS IN 46204
D	KEYES, PAULA	174 GRACE BLVD.	ALTAMONTE SPRINGS FL 32714
D	STINSON, JAMES R	ON FIRST NATIONAL PLAZA #4900	CHICAGO IL 60603
S	GORDON, JAMES A	821 NORTH CHARLES STREET	BALTIMORE MD 21201
T	STEPHENSON, DALE	10 WEST MARKET STREET, SUITE 119	INDIANAPOLIS IN 46204

8. Name and Address of Current Registered Agent

KEYES, PAULA  
174 GRACE BLVD.  
ALTAMONTE SPRINGS FL 32714

9. Name and Address of New Registered Agent

Name

Street Address (If Not Acceptable)

Suite, Apt. #, Etc.

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 AgentSIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/23/00

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

Date

Daytime Phone #

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