PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION Katherine Harris FOR** Secretary of State DIVISION OF CORPORATIONS DOCUMENT # 629099 99,55115 66 6:31 REGIONAL INSURANCE AND TALLANDE ALL TEGRISA INVESTMENTS IKC. Principal Place of Business Mailing Address 2611 SW 15TH COURT T. LAWERDAVE, ses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For -1173003 City & State City & State Not Applicable CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required Country Country 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zin (KUSED O. bARLE 26119.W. 15TH COURT FT CAUD. FL. 33312 800002915878--1 -06/25/93--01060--025 ***1431.25 ***1431.25 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. VALLANDALE FZ 33009 City State Zip Code 10. I, being appointed the registered agent of the above number ocrooration, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent EGISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for information on intangible tax.) Yes 🔀 No 🗆 Intangible Personal Property Tax due June 30. 12. 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 filling 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. PRESIDENT 670-99 -954-791-3148