

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 11:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J01620

1. Corporation Name

SYMONS INTERNATIONAL GROUP (FLORIDA), INC.

Principal Place of Business

2300 GLADES ROAD EAST TOWER STE 135
BOCA RATON FL 33431
US

Mailing Address

4720 KINGS WAY DRIVE
INDIANAPOLIS IN 46205
US

If above addresses 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/1986

5. FEI Number

59-2667118

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 | 3 | Street Address of Each Officer and/or Director | City / State / Zip 4 |
|--------------------|--|---|---|-------------------------|
| CD | SYMONS, G. GORDON | | 4720 KINGSWAY DR | INDIANAPOLIS IN 46205 |
| PD | SYMONS, DOUGLAS H. | | 4720 KINGSWAY DR. | INDIANAPOLIS IN |
| D CF | SYMONS, ALAN G PENDL, JOHN | | 4720 KINGSWAY RD | INDIANAPOLIS IN 46205 |
| D | SYMONS, KIRK SYMONS, KIRK | | 4720 KINGSWAY DR | INDIANAPOLIS IN 46205 |
| D S | KADAR, DAVID ARMSTRONG, BRENDA | | 4720 KINGSWAY DR | INDIANAPOLIS IN 46205 |
| D | ELBERT, TRAVIS J | | 4720 KINGSWAY DR | INDIANAPOLIS IN 46205 |

8. Name and Address of Current Registered Agent

FELLOWS, NANCY
2300 GLADES RD E TOWER STE 135
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Nancy Fellows
REGISTERED AGENT MUST SIGN

Date 10/29/03

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:

John Pendl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03 317-259-6495

Date

Daytime Phone #

CR2ED040 (7/03)

Symons International Group, Inc.

| | | | |
|--------|--------|-----------|------------|
| VENDOR | FLODEP | CHECK NO. | 0001100889 |
|--------|--------|-----------|------------|

| /CH. NO. | INV. NO. | INV. DT. | INVOICE AMOUNT | AMOUNT PAID | DISC. TAKEN | NET AMOUNT |
|------------|----------------------|------------|----------------|-------------|-------------|------------|
| 0000030885 | FL ANNUAL REPORT FEE | 10/16/2003 | 750.00 | 750.00 | 0.00 | 750.00 |

THIS DOCUMENT CONTAINS VISIBLE FIBERS, INVISIBLE FLUORESCENT FIBERS AND MICRO PRINT BORDER

Symons International Group, Inc.

Florida Account
4720 Kingsway Drive
Indianapolis, IN 46205

Union Federal Savings Bank
Indianapolis, Indiana
20-7048-2740

| | | |
|------------|------------|------------|
| Check No. | Check Date | Vendor No. |
| 0001100889 | 10/16/2003 | FLODEP |

Not Valid After 90 Days

| |
|--------------|
| CHECK AMOUNT |
| *****750.00 |

PAY Seven Hundred Fifty Dollars and Zero Cents

TO THE ORDER OF

DEPARTMENT OF STATE OF FLORIDA
PO BOX 6327
TALLAHASSEE FL 32314

BY  AUTHORIZED SIGNATURE

BY _____ AUTHORIZED SIGNATURE