APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV -7 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # J07844

A AACHEN AAL AALBORG AALESUND AALII AAIST AALTO
AAR AARAU HOUSE OF INSURANCE, INC.
232 S.E. 5th Avenue
Delray Beach, FL 33483

2. If Address in Block 1 is incorrect in any way, enter the correct address here. (The name of the corporation can be changed only by amendment.)

Address

Address

City and State

REINSTATEMENT 94-96

3. Date Incorporated or Qualified To Do Business in Florida	4. FEI Number	FEI Number Applied For	5.
4/4/86	59-2671155	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
~~PSD~~	~~Stephen J. Redmond~~	~~232 S.E. 5th Avenue~~	~~Delray Beach, FL 33483~~
VPT VST	Sarah Redmond	232 S.E. 5th Avenue	Delray Beach, FL 33483
P	Margaret McCauley	232 S.E. 5th Avenue	Delray Beach, FL 33483

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***** 5.00 ***** 43.75

7. Name and Address of Current Registered Agent

Stephen J. Redmond
232 S.E. 5th Avenue
Delray Beach, FL 33483

8. Name and Address of New Registered Agent and/or Office

Name: Sarah Redmond

Street Address (Do NOT Use P.O. Box Number): 232 S.E. 5th Avenue

Street Address (Do NOT Use P.O. Box Number):

City and State: Delray Beach, FL Zip: 33483

9. 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 Agent: Sarah Redmond, REGISTERED AGENT MUST SIGN Date: 10-17-96

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

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 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: Sarah Redmond Date: 10-17-96 Daytime Phone #: (561) 278-6651

Typed or printed name of signing officer or director: Sarah Redmond, Secretary