

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 NOV 22 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K73237

1. Corporation Name

FIRST COLONIAL AGENCY, INC.

2. Principal Office Address

1776 AMERICAN HERITAGE LIFE D

3. Mailing Office Address

1776 AMERICAN HERITAGE LIFE D

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32224

Country

US

Zip

32224

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

03/16/89

5. FEI Number

59-296341-1

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STATE INSURANCE COMMISSIONER

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

CAPTIAL BUILDING

Suite, Apt. #, Etc.

City

TALLAHASSEE

State
FL

Zip Code

32304

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Anton Wanderon	1776 American Heritage Life Drive	Jacksonville, FL 32224
S	Susan L. Lees	1776 American Heritage Life Drive	Jacksonville, FL 32224
T	James P. Zils	1776 American Heritage Life Drive	Jacksonville, FL 32224
D	Gregory J. Guidos	1776 American Heritage Life Drive	Jacksonville, FL 32224
D	David A. Bird	1776 American Heritage Life Drive	Jacksonville, FL 32224

10. 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

10/24/02

Date

Daytime Phone #

CR2E081 (9/01)

11/26



Allstate[®]

FINANCIAL

AMERICAN HERITAGE LIFE
Workplace Division

Jackie A. Banks, C.P.A., F.L.M.I.
Assistant Vice President
Credit Financial Reporting

November 12, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: First Colonial Agency

To Whom It May Concern:

The registered agent on the attached reinstatement form is listed as the State Insurance Commissioner. As such, no signature is required. Please contact me at (904) 992-2985 if you have any questions. Thank you.

Sincerely,

Jackie Banks