APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 20 PM 3:02

DOCUMENT # L18304

1. Corporation Name

FLORIDA PREFERRED ADMINISTRATORS, INC.

Principal Place of Business	Mailing Address
7250 BENEVA RD. SARASOTA FL 34238 US	P.O. BOX 22199 SARASOTA FL 34276 US

REINSTATEMENT 00

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

4. Date Incorporated or Qualified To Do Business in Florida: 09/22/1989

5. FEI Number: 65-0150469 ☐ 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)

500000345647 5--2
-11/07/00--01140--019
****750.00 ****750.00

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City/State/Zip 4
~~C~~ PT	~~CAINE, TEDSON M~~ CAINE, THOMAS E	7250 BENEVA RD.	SARASOTA FL 34238
~~VT~~ D	~~KELLY, LEE F~~ LOHMEYER, WILLIAM J	7250 BENEVA RD	SARASOTA FL 34238
VS	COSTELLO, MICHAEL G	7250 BENEVA RD	SARASOTA FL 34238
D	CUBBIN, ROBERT S	7250 BENEVA RD.	SARASOTA FL 34238
D	~~GARDNER, WARREN D~~ SWEARINGEN, JAMES R	7250 BENEVA RD	SARASOTA FL 34238
D	HENRY, JOSEPH C	7250 BENEVA RD	SARASOTA FL 34238

10/31

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CAINE, JULIA JEAN 7250 BENEVA ROAD SO SARASOTA FL 34238	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/00)

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 Agent JULIA JEAN CAINE Date 10/17/2000

SIGNED IN ABSENCE TO EXPEDITE
REGISTERED AGENT SIGNATURE

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 THOMAS E CAINE 10/17/00 (941)924-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0094935 AF