
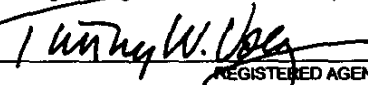



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS 06 AUG 23 PM 4:47	
DOCUMENT # M78748				
1. Corporation Name ATLANTIC GULF INSURANCE AGENCY, INC.				
2. Principal Office Address 4160 BURNING TREE LANE S.		3. Mailing Office Address 4160 BURNING TREE LANE S.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		
Zip 32223	Country USA	Zip 32223	Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida 5-2-88		
		5. FEI Number 59-2893666		Applied For <input type="checkbox"/> Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name TIMOTHY W. VOLPE, ESQ.				
Street Address (P.O. Box Number is Not Acceptable) 1301 RIVERPLACE BLVD.				
Suite, Apt. #, Etc. SUITE 1700				
City JACKSONVILLE		State FL	Zip Code 32207	
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 		Date 8/21/06		
REGISTERED AGENT MUST SIGN				
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	
DPST	HAYNES, VIRGINIA L.	4160 BURNING TREE LANE S.	JACKSONVILLE, FL 32223	
VP	HAYNES, LARRY E.	4160 BURNING TREE LANE S.	JACKSONVILLE, FL 32223	
800079212598 08/29/06--01016--007 **1800.00				
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 contained in Chapter 119, 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: 		LARRY E. HAYNES		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 8/21/06		
		Daytime Phone # 904/262-0098		