

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 MAR 22 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800170574418  
03/22/10--01051--025 \*\*192.50

800170574418  
02/25/10--01037--012 \*\*236.25

CR2E081 (11/09)

DOCUMENT # **NO0000000704**

1. Corporation Name

**Capital Area Association Health  
Underwriters, Inc**

**WI-10562**

2. Principal Office Address - No P.O. Box #

**3131 Lombard Rd**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**Tallahassee FL**

City & State

**FL**

Zip

**32308**

Country

**Leon**

Zip

**1**

Country

**FL**

4. Date Incorporated or Qualified  
To Do Business in Florida

**Jan 28, 2000**

5. FEI Number

**59-3484664**

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

**Julia Herndon**

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

**3375 B Capital Circle NE**

Suite, Apt. #, Etc.

City

**Tallahassee**

State

**FL**

Zip Code

**32308**

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

**Julia H. Herndon**

REGISTERED AGENT MUST SIGN

Date **2-23-10**

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
<b>P</b>	<b>Peggy Gaine</b>	<b>3131 Lombard Rd</b>	<b>Tallahassee FL 32308</b>
<b>V</b>	<b>Mark Hicks</b>	<b>1650 Summit Lake Dr Ste 100</b>	<b>Tallahassee FL 32317</b>
<b>T</b>	<b>Julia Herndon</b>	<b>3375 B Capital Cir NE</b>	<b>Tallahassee FL 32308</b>

**REINSTATEMENT**

**RH**

10. E-mail Address: **JHerndon@53and4.com**

(To be used for future annual report notification)

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. I further certify, 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:

**Julia H. Herndon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2-23-10**

Daytime Phone #

**850  
205-7048**