

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -6 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 000000000704

1. Corporation Name

CAPITAL AREA ASSOCIATION OF HEALTH UNDERWRITERS, INC.

600012307586
05/06/03--01124--011 **131.25

2. Principal Office Address

P.O. BOX 14127

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL 32317-4127

Zip

32317-4127

Country

USA

3. Mailing Office Address

P.O. BOX 14127

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL 32317-4127

Zip

32317-4127

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/28/2000

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

JAMES W. SCHEIB, JR P.O. BOX 14127

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

1650 SUMMIT LAKE DRIVE

Suite, Apt. #, Etc.

SUITE 200

City

TALLAHASSEE,

State
FL

Zip Code
32317

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 5/1/03

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
D	JAMES W. SCHEIB, JR	1650 SUMMIT LAKE DRIVE, STE 200	TALLAHASSEE, FL 32317
D	MEREDITH SCHAEFER	1117-A N. GADSDEN STREET	TALLAHASSEE, FL 32303
D	PATRICIA MCCARTY	3375 SUITE B CAPITAL CIRCLE NE	TALLAHASSEE, FL 32308

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

JAMES W. SCHEIB, JR. 5/1/03 850 558 2118

Date

Daytime Phone #

CR2E081 (10/02)