PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 FEB -1 PM 12:32

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08000000665

1. Corporation Name

Florida Public Housing Authority Self Insurance Fund, Inc.

800191772628
01/18/11--01057--005 **236.25

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3606 Maclay Blvd South		PO Box 12909	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Tallahassee, FL		Tallahassee, FL	
Zip	Country	Zip	Country
32312	USA	32317-2909	USA

4. Date Incorporated or Qualified To Do Business in Florida 1-22-2008

5. FEI Number 262134392 ☐ 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: Scott P. Hunt

Street Address (P.O. Box Number is Not Acceptable): 3606 Maclay Blvd South

Suite, Apt. #, Etc.

City	State	Zip Code
Tallahassee	FL	32312

800191772628
02/01/11--01023--023 **61.25

REINSTATEMENT
10-11 B. 2/2/11

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: Scott P. Hunt — Date: 1/13/11

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
C	Barbara Miller	4780 North State Rd 7	Lauderdale Lakes, FL 33319
D	J. Manuel Castillo	1400 Kennedy Drive	Key West, FL 33040
T	Martin Williams	1529 West Main Street	Tampa, FL 33607
D	Maria Burger	611 Church Street	Stuart, FL 34994
D	Bob Johns	1300 Broad Street	Jacksonville, FL 32202
D	Leticia Skipper	1800 Farm Worker Way	Immokalee, FL 34142

10. E-mail Address: scott.p.hunt@willis.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Barbara Miller Barbara Miller, Chair 1-13-2011 954-739-1114, #2333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #