

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N48823

1. Corporation Name

FLOOD INSURANCE SERVICING COMPANIES ASSOCIATION  
OF AMERICA, INC.

Principal Place of Business

360 CENTRAL AVE.  
ST. PETERSBURG FL 33701  
US

Mailing Address

360 CENTRAL AVE.  
ST. PETERSBURG FL 33701  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1000 Legion Place  
Suite, Apt. #, etc.

City & State  
Orlando FL  
Zip 32801 Country US

3. New Mailing Office Address, If Applicable

1000 Legion Place  
Suite, Apt. #, etc.

City & State  
Orlando FL  
Zip 32801 Country US

4. Date Incorporated or Qualified  
To Do Business in Florida

05/11/1992

5. FEI Number 31-1638982  
593136263

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VO	MOSER, LARRY	2775 SANDERS RD, STE 015 Suite 609	NORTHBROOK IL 60062
TD	<del>BUTLER, ROBERT</del> Conyers, Kathy	40 WANTAGE AVE 9800 Fredericksburg Rd., Bldg. 6-1 East	BRANCHVILLE NJ 07890 San Antonio TX 78288
VO	BENDER, BRUCE	8655 E VIA DE VENTRUA	SCOTTSDALE AZ 85258
PO	<del>CYNTHIA DIVINCENTI</del> DiVincenzi, Cynthia	1000 LEGION PLACE	ORLANDO FL 32803
PO	<del>LARRY PALMER</del>	222 SOUTH 15TH ST STE 400	OMAHA NE
SO	Templeton-Jones, Patty	360 Central Ave	St. Petersburg FL 33701

8. Name and Address of Current Registered Agent

DELANO, G. KRISTIN  
360 CENTRAL AVE.  
ST. PETERSBURG FL 33701

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State FL Zip Code

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

SIGNATURE REQUIRED

Date 11/28/2011

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED  
Cynthia A. DiVincenzi

Date

Daytime Phone #

407/649-2912