

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV -7 PM 12: 50

<b>DOCUMENT # N97000007212</b> 1. Entity Name THE FLORIDA INSURANCE FORUM, INC.	
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Principal Place of Business 112 S WEST STREET 4TH FLOOR ALEXANDRIA, VA 22314 US	Mailing Address 112 S WEST STREET 4TH FLOOR ALEXANDRIA, VA 22314 US
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2. Principal Place of Business 127 S. Peyton Street Suite, Apt. #, etc. #210	3. Mailing Address 127 S. Peyton Street Suite, Apt. #, etc. #210
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City & State Alexandria, VA Zip 22314 Country USA	City & State Alexandria, VA Zip 22314 Country USA
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6. Name and Address of Current Registered Agent

CORPAMERICA, INC.  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

FL

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$61.25</b> After January 1, 2007, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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**10. OFFICERS AND DIRECTORS**

TITLE	DT	<input checked="" type="checkbox"/> Delete	NAME WAFLE, MARK STREET ADDRESS 3100 AMS BOULEVARD CITY-ST-ZIP GREENBAY, WI 54313
TITLE	DS	<input checked="" type="checkbox"/> Delete	NAME TOOMEN, LEE STREET ADDRESS 7440 WOODLAND HILLS DR CITY-ST-ZIP INDIANAPOLIS, IN 46279
TITLE	CDP	<input type="checkbox"/> Delete	NAME ETERNO, MARIANNE STREET ADDRESS 1275 MILWAUKEE AVE CITY-ST-ZIP GLENVIEW, IL 60025
TITLE	P	<input type="checkbox"/> Delete	NAME ETERNO, MARIANNE STREET ADDRESS 1275 MILWAUKEE AVE CITY-ST-ZIP GLENVIEW, IL 60025
TITLE		<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME J. P. Wieske STREET ADDRESS 127 s. Peyton St. CITY-ST-ZIP Alexandria, VA 22314
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Mike Hampton STREET ADDRESS 7440 Woodland Dr. CITY-ST-ZIP Indianapolis, IN 46279
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marianne Eterno Date: 10/30/06 847.460.4765  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

REINSTATEMENT 06



10252006 REIN-NP CR2E099 (11/05)

4. FEI Number 54-1882908 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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11/07/06--01018--002 \*\*\$61.25