

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

Blair 2

DOCUMENT # N99000004701

1. Corporation Name

AFFILIATED-GROUP INSURANCE SERVICES ASSOCIATION
, INC.

Principal Place of Business

103 CENTURY 21 DR
JACKSONVILLE FL 32216

Mailing Address

103 CENTURY 21 DR
JACKSONVILLE FL 32216

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/1999

5. FEI Number

59-3592941

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MCCOY, GARY R	103 CENTURY 21 DR	JACKSONVILLE FL 32216
D	MCCOY, MELODY	103 CENTURY 21 DR	JACKSONVILLE FL 32216
D	DUNAKIN, CHERYL	103 CENTURY 21 DR	JACKSONVILLE FL 32216

7000003912917--9
-03/27/01--01092--020
*****131.25 *****131.25

8. Name and Address of Current Registered Agent

MCCOY, GARY R
103 CENTURY 21 DR
JACKSONVILLE FL 32216

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]
REGISTERED AGENT MUST SIGN

Date 3-19-01

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-01

Date

Daytime Phone #

CR2E040 (8/00)

Bozali

March 19, 2001

To Whom It May Concern:

I received a Notice of Administrative Dissolution or Revocation due to that the 2000 Uniform Business Report that I sent in was returned due to missing information. I was unaware that the report had been sent back. We had a few staff changes and I did not receive the messages from Capital Services. We have filled out the new report and I am enclosing the money that is due. If at all possible please waive the late fees. Please forgive us for the confusion on this matter as we feel we have straightened out the problem. Any questions please feel free to call me at 904-938-2677.

Thank you,

Melody McCoy
Melody McCoy