

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 SEP -6 PM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100007630851--8  
-09/10/02--01037--024  
\*\*\*\*600.00 \*\*\*\*600.00

DOCUMENT # P00000076757

1. Corporation Name

ASSURANT GROUP, INC.

2. Principal Office Address

7130 NOLA TERR.

Suite, Apt. #, etc.

UNIT 23

City & State

Ft. Myers, Florida

Zip Country

33901 Lee

3. Mailing Office Address

P.O. Box 60872

Suite, Apt. #, etc.

City & State

Ft. Myers, Florida

Zip Country

33906 Lee

01-02

W02-25666

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

8/14/2000

5. FEI Number

03-0431693

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

Raymond LAING

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

7130 NOLA TERR.

Suite, Apt. #, Etc.

UNIT 23

City

Ft. Myers

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\*\*\*\*308.75 \*\*\*\*308.75

State

FL

Zip Code

33901

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

*Raymond Laing*

REGISTERED AGENT MUST SIGN

Date

8/28/2002

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
PD	Raymond LAING	7130 NOLA TERR #23	Ft. Myers, FL 33901

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:

*Raymond Laing* 8/28/2002 239-839-4983  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)