

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| <b>CORPORATION<br/>REINSTATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |  <b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |                    |       |                                   |                                                |                    |     |               |                              |                   |     |             |                              |                   |       |           |                              |                   |   |                |                              |                   |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------|-----------------------------------|------------------------------------------------|--------------------|-----|---------------|------------------------------|-------------------|-----|-------------|------------------------------|-------------------|-------|-----------|------------------------------|-------------------|---|----------------|------------------------------|-------------------|--|--|--|--|
| <b>DOCUMENT #</b><br>1. Corporation Name<br><br>Apple Insurance Mail of Tyrone, Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   | <b>P010000 88360</b>                                                                                                                                                   |                    |       |                                   |                                                |                    |     |               |                              |                   |     |             |                              |                   |       |           |                              |                   |   |                |                              |                   |  |  |  |  |
| <b>2. Principal Office Address - No P.O. Box #</b><br>625 Court Street<br>Suite, Apt. #, etc.<br>200<br>City & State<br>Clearwater, FL<br>Zip<br>33756                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | <b>3. Mailing Office Address</b><br>5500 Interstate North Parkway<br>Suite, Apt. #, etc.<br>Suite 600<br>City & State<br>Atlanta, GA<br>Zip<br>30328                   |                    |       |                                   |                                                |                    |     |               |                              |                   |     |             |                              |                   |       |           |                              |                   |   |                |                              |                   |  |  |  |  |
| Country<br>United States                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   | Country<br>United States                                                                                                                                               |                    |       |                                   |                                                |                    |     |               |                              |                   |     |             |                              |                   |       |           |                              |                   |   |                |                              |                   |  |  |  |  |
| <b>7. Name and Address of Current Registered Agent</b><br>Name<br>C T Corporation System<br>Street Address (P.O. Box Number is Not Acceptable)<br>1200 South Pine Island Road<br>Suite, Apt. #, Etc.<br>City<br>Plantation<br>State<br>FL<br>Zip Code<br>33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                                                        |                    |       |                                   |                                                |                    |     |               |                              |                   |     |             |                              |                   |       |           |                              |                   |   |                |                              |                   |  |  |  |  |
| <b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0501, F.S.</b><br>Signature of Registered Agent _____ <b>C T Corporation System</b> _____ <b>Jennifer F. Aultman</b><br>_____ <b>Assistant Secretary</b> Date <b>8-5-08</b><br>REGISTERED AGENT MUST SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                                                        |                    |       |                                   |                                                |                    |     |               |                              |                   |     |             |                              |                   |       |           |                              |                   |   |                |                              |                   |  |  |  |  |
| <b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Title</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>D/P</td> <td>Bud Stumbaugh</td> <td>5500 Interstate N. Pkwy. 600</td> <td>Atlanta, GA 30328</td> </tr> <tr> <td>D/C</td> <td>Guy Millner</td> <td>5500 Interstate N. Pkwy. 600</td> <td>Atlanta, GA 30328</td> </tr> <tr> <td>T/S/V</td> <td>Mark Hain</td> <td>5500 Interstate N. Pkwy. 600</td> <td>Atlanta, GA 30328</td> </tr> <tr> <td>T</td> <td>Richard Dotson</td> <td>5500 Interstate N. Pkwy. 600</td> <td>Atlanta, GA 30328</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                   |                                                                                                                                                                        |                    | Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip | D/P | Bud Stumbaugh | 5500 Interstate N. Pkwy. 600 | Atlanta, GA 30328 | D/C | Guy Millner | 5500 Interstate N. Pkwy. 600 | Atlanta, GA 30328 | T/S/V | Mark Hain | 5500 Interstate N. Pkwy. 600 | Atlanta, GA 30328 | T | Richard Dotson | 5500 Interstate N. Pkwy. 600 | Atlanta, GA 30328 |  |  |  |  |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Name of Officers and/or Directors | Street Address of Each Officer and/or Director                                                                                                                         | City / State / Zip |       |                                   |                                                |                    |     |               |                              |                   |     |             |                              |                   |       |           |                              |                   |   |                |                              |                   |  |  |  |  |
| D/P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Bud Stumbaugh                     | 5500 Interstate N. Pkwy. 600                                                                                                                                           | Atlanta, GA 30328  |       |                                   |                                                |                    |     |               |                              |                   |     |             |                              |                   |       |           |                              |                   |   |                |                              |                   |  |  |  |  |
| D/C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Guy Millner                       | 5500 Interstate N. Pkwy. 600                                                                                                                                           | Atlanta, GA 30328  |       |                                   |                                                |                    |     |               |                              |                   |     |             |                              |                   |       |           |                              |                   |   |                |                              |                   |  |  |  |  |
| T/S/V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Mark Hain                         | 5500 Interstate N. Pkwy. 600                                                                                                                                           | Atlanta, GA 30328  |       |                                   |                                                |                    |     |               |                              |                   |     |             |                              |                   |       |           |                              |                   |   |                |                              |                   |  |  |  |  |
| T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Richard Dotson                    | 5500 Interstate N. Pkwy. 600                                                                                                                                           | Atlanta, GA 30328  |       |                                   |                                                |                    |     |               |                              |                   |     |             |                              |                   |       |           |                              |                   |   |                |                              |                   |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                                                                                                                                                        |                    |       |                                   |                                                |                    |     |               |                              |                   |     |             |                              |                   |       |           |                              |                   |   |                |                              |                   |  |  |  |  |
| <b>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 contained in Chapter 119, 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.</b><br><b>SIGNATURE:</b> _____ <b>MARK HAIN</b> <b>8/4/08</b> <b>952-0200</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #                                                         |                                   |                                                                                                                                                                        |                    |       |                                   |                                                |                    |     |               |                              |                   |     |             |                              |                   |       |           |                              |                   |   |                |                              |                   |  |  |  |  |

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 FLORIDA DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**REINSTATEMENT 02-08**  
 CR2E081 (12/07)

|                                                                               |                                                                                            |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>4. Date Incorporated or Qualified To Do Business in Florida</b> 09/07/2001 |                                                                                            |
| <b>5. FBI Number</b>                                                          | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| <b>6. Additional Fee required for a Certificate of Status</b> \$3.75          |                                                                                            |

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

Florida Department of State  
Division of Corporations  
Public Access System

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**\*RE-SUBMIT\***

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## To:

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Fax Number : (850) 617-6384

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5926

**CORPORATION REINSTATEMENT**

APPLE INSURANCE MALL OF TYRONE, INC.

|                       |            |
|-----------------------|------------|
| Certificate of Status | 0          |
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**\* Attn:**

Sean Toner

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