

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

09 JAN -7 AM 9:49

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000084315**

1. Corporation Name

**Affiliated Insurance Services of Central
Florida, Inc.**

500139910345
01/07/09--01051--007 **900.00

REINSTATEMENT 07-08^{KS}
CR2007 (10/08)

2. Principal Office Address - No P.O. Box #

801 N. Orange Ave
Suite, Apt. #, etc.
Sle 810

3. Mailing Office Address

40 NFP, 500 W. Madison St.
Suite, Apt. #, etc.
Sle 2400

City & State

Orlando, FL

City & State

Chicago, IL

Zip

32801

Country

USA

Zip

60661

Country

USA

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

07/30/2002

5. FEI Number

05-0526829

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☐ 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.

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**

[Signature]

FLORENCE MERCERON

Date 1/6/09

REGISTERED AGENT MUST SIGN

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
Pres	Robert S. Phillips, II	801 N. Orange Ave	Orlando, FL 32801
Sec	Robert S. Phillips, II	801 N. Orange Ave	Orlando, FL 32801
Treas	Robert S. Phillips, II	801 N. Orange Ave	Orlando, FL 32801
Dir	Robert S. Phillips, II	801 N. Orange Ave	Orlando, FL 32801
Dir	Brett Schneider	340 Madison Ave	New York, NY 10173
VP	Lori M. Lieser	500 W. Madison St	Chicago, IL 60661

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.

SIGNATURE:

[Signature]

Lori M. Lieser, VP

1/6/09

312-485-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #