PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2022 OCT 27 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FL

600386795476

CP2E081 (11/10)

DOCUMENT # P16000082627

1. Corporation Name
FLORIDA CASUALTY INSURANCE COMPANY

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4801 Lakewood Ranch Blvd.	PO Box 3646
Suite, Apt. #, etc: Suite 200	Suite, Apt. #, etc:
City & State: Sarasota, FL	City & State: Omaha, NE
Zip: 34240 Country: USA	Zip: 68103 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/12/2016

5. FEI Number: 36-3155373 ☐ 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: CHIEF FINANCIAL OFFICER
Street Address (P.O. Box Number is Not Acceptable): 200 EAST GAINES STREET
Suite, Apt. #, Etc: POST OFFICE BOX 6200
City: TALLAHASSEE State: FL Zip Code: 32399

2022 REINSTATEMENT

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 _____ Date October 26, 2022
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
C, P, T	Steven Menzies	4801 Lakewood Ranch Blvd., Suite 200	Sarasota, FL 34240
S, D	Jeffrey Silver	4801 Lakewood Ranch Blvd., Suite 200	Sarasota, FL 34240

10. **E-mail Address:** jeffreysilver@silver-law.net
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 10/26/22 (402) 393-1984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JEFFREY SILVER — Date — Daytime Phone #

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 10/27/2022

Acc#I20160000072

Name:	Florida Casualty Insurance Company
Document #:	
Order #:	14608273

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
Certified Copy of	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing: ☑ Certified: ☑

Plain: ☐

COGS: ☐

Availability _____

Document ___

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

Ref# _____

Amount: $ 758.75

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ALLAHASSEE, FLORIDA

Thank you!