P21630

HOMESTICAD INSURANCE COMPANY 200 PLAZA DRIVE P.O. BOX 1581

Other

\$ECAUCUS NJ 07096-1581 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Curporation Name) (Ducument #) (Corporation Name) 900002035339**--8** (Ducument /) *****35.00 ******35.00 (Corporation Name) (Document #) (Curporation Name) (Document V) Walk in Certified Copy Pick up time Will wait Mail out Photocopy Certificate of Status AMENDMENTS NEW FILINGS Profet Amendment NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Margar REGISTRATION/ OTHER FILINGS Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Examiner's Initials

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

	S. S.
Accredited Premi	um Acceptance Corp.
(Name of Cor	porstion)
	200 0
Missou (Incorporated Un	
(Incurporated Un	der Laws Of)
	S. T.
This corporation is no longer transacting business of	or conducting affairs within the State of Florida
and hereby voluntarily surrenders its authority to	transact business or conduct affairs in Florida.
	and the second s
This corporation revokes the authority of its regi	
behalf and appoints the Department of State as its a action arising during the time it was authorized to	
action mistig during the time it was authorized to	transect outsiness or conduct arrains in Frontia.
The following is a current mailing address to which	ch the Department of State may mail a copy of
any process against this corporation that may be s	
	•
Accredited Premius	Acceptance Corp.
(Mailing A	Airess)
, · ·	·
200 Plaza Drive, Secaucus,	
(Ciry/ Stat	e /Zip)
The corporation agrees to notify the Department of	State in the future of any change in its mailing
address	. Degre in the foldier of any change in its haming
	SCASTARY
Segnature	I stie
	11.
Frank Peri	10/18/96
Typed or printed name	Date