PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICAT			F
FOR REINSTATE	M	I A STATE OF THE S	
REINSTATE	NEN		

LORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name

P25502

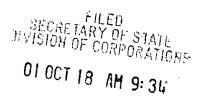
PEACHTREE CASUALTY INSURANCE COMPANY

Principal Place of Business

Mailing Address

2889 ELMWOOD DRIVE SMYRNA GA 30080

2889 ELMWOOD DRIVE SMYRNA GA 30080





If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable					4. Date Incom	porated or Qualified			
				Date Incorporated or Qualified To Do Business in Florida 08/04/1989					
Suite, Apt. #, etc. Suite, Apt. # City & State City & State		Suite, Apt. #,			5. FEI Numbe	5. FEI Number Applied			
		- City & State			58-1548761 Not Applica				
Zip Country Zip			Country		6. CERTIFICATE OF STATUS DESIRED 6 \$8.75 Additional Fee require for a Certificate of Status				
7. Names	and Street Ad	dresses of Each Officer ar	nd/or Director (Flo	rida nonprof	it corporations must list at	least 3 directors)			
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip				
PD				2889 ELI	2889 ELMWOOD DR		SMYRNA GA		
SD	D TEFFT, DONALD E.			2889 ELMWOOD DR		SMYRNA GA			
٧	V JOHNSTON, MARIANNE			2889 ELMWOOD DR		SMYRNA GA			
T	YERRAMILLI, JAY			2889 ELMWOOD DRIVE		SMYRNA GA			
							500004658 -10/29/01- ****150.00	3 005 1 01095016 3 ****150.00	
	8. Nam	ne and Address of Currer	nt Registered Age	ent		9. Name and	Address of New Registered Ag	ent	
 					Name		<u> </u>	<u> </u>	
THE FLORIDA INSURANCE COMMISSIONER THE CAPITOL			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301			Suite, Apt. #, Etc.						
					City		State	Zip Code	
10. I, being	g appointed the	e registered agent of the a	bove named corpo	oration, am f	amiliar with and accept the	obligations of Sect	tion 607.0505, F.S.	R10/19	
Signature o Registered		SCR					Date	Bioh	
9 • •	<u>.</u> .		REGISTERED AG	ENT MUST	SIGN				

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.



October 12,2001

DEPARTMENT OF STATE Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To whom it may concern,

Enclosed is our check for \$150 for the filing fees. We did not receive the 2001 corporation annual report/uniform business report form to be filed. We are now receiving the ADMINISTRATIVE DISSOLUTION OR REVOCATION APPLICATION. We asked that you please accept our application and check as this was not a fault of our company.

Thank you.

Respectfully

Jay Yerramıl
Treasurer

P.O. Box 720713 Atlanta, Georgia 30328 (404) 436-7575 GA. WATS (800) 282 - 4151 FAX NO. (404) 438 - 7228