

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 18 AM 9:34

DOCUMENT # **P25502**

1. Corporation Name

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 Incorporated or Qualified
To Do Business in Florida

08/04/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-1548761

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DIAL, WILLIAM A., JR.	2889 ELMWOOD DR	SMYRNA GA
SD	TEFFT, DONALD E.	2889 ELMWOOD DR	SMYRNA GA
V	JOHNSTON, MARIANNE	2889 ELMWOOD DR	SMYRNA GA
T	YERRAMILI, JAY	2889 ELMWOOD DRIVE	SMYRNA GA

500004658005--1
-10/29/01--01095--016
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/29

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., 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 under section 119.07(3)(i), 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:

Jay Yerramilli Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/2001

Date

770 436 7575

Daytime Phone #

129

CR2E040 (8/01)



Peachtree Casualty Insurance Company

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 Yerramilli
Treasurer

P.O. Box 720713 Atlanta, Georgia 30328

(404) 436-7575 GA. WATS (800) 282-4151

FAX NO. (404) 438-7228