PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 NOV -8 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
Investors Insurance Group, Inc.
P93000035479

REINSTATEMENT 1999-2001

2. Principal Office Address		3. Mailing Office Address	
315 Willowbrook Lane		315 Willowbrook Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
West Chester, PA		West Chester, PA	
Zip	Country	Zip	Country
19382	Chester	19382	Chester

4. Date Incorporated or Qualified To Do Business in Florida: 5/11/1993

5. FEI Number: 132574130 ☐ 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: Donald Goebert

Street Address (P.O. Box Number is Not Acceptable): 506 D.2 Seaoats Drive

000004702180--3
-12/03/01--01047--018
***1050.00 ***10[illegible]0.00

Suite, Apt. #, Etc.:

City: Juno Beach | State: FL | Zip Code: 33408

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: X Donald Goebert
REGISTERED AGENT MUST SIGN

Date: 11/1/01

CR2E081 (9/00)

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
D	Jesse H. Riebman	1680 Huntingdon Pine #121	Huntingdon Valley, PA 19006
D	Donald F. Goebert	506 D.2 Seaoats Drive	Juno Beach, FL 33408

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 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: X Donald Goebert Donald Goebert 11/1/01 610-430-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #