PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 OCT 17 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION [redacted]

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

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-10/25/01--01033--006
******8.75 ******8.75

09/19/01 90123 046 150.00
10-12-01 LTS

DOCUMENT # P 93000087683

1. Corporation Name

THE UMBRELLA GROUP OF FLORIDA, INC.

2. Principal Office Address	**3.** Mailing Office Address
2891 Center Point Dr.	P.O. Box 61526
Suite, Apt. #, etc.: Suite 207	Suite, Apt. #, etc.:
City & State: Fort Myers, FL	City & State: Fort Meyers, FL
Zip: 33916 Country: USA	Zip: 33906 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/22/93

5. FEI Number: 65-0455937 ☐ 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

900004652849--4
-10/25/01--01033--007
****400.00 ****400.00

Name: Scott D. Robertson

Street Address (P.O. Box Number is Not Acceptable): 18151 Old Dominion Court

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Suite, Apt. #, Etc.:

City: Fort Myers | State: FL | Zip Code: 33908

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 10/\\/01

REGISTERED AGENT MUST SIGN

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
P/D	Thomas P. Staudt	20 Horseneck Lane	Greenwich, CT 06880
CFO	Michael S. Ryan	20 Horseneck Lane	Greenwich, CT 06880
S	Julie L. Lowitz	20 Horseneck Lane	Greenwich, CT 06880
D	Kurt E. Bolin	20 Horseneck Lane	Greenwich, CT 06880
D	Allan Ditchfield	20 Horseneck Lane	Greenwich, CT 06880
D	Andrew Sawyer	20 Horseneck Lane	Greenwich, CT 06880

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: _____ THOMAS P. STAUDT 10/10/01 203-869-7772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #