

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10-10-12-01 LJS

CORPORATION 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 93000087683			
1. Corporation Name THE UMBRELLA GROUP OF FLORIDA, INC.			
2. Principal Office Address 2891 Center Point Dr. Suite, Apt. #, etc. Suite 207 City & State Fort Myers, FL Zip 33916		3. Mailing Office Address P.O. Box 61526 Suite, Apt. #, etc. City & State Fort Myers, FL Zip 33906	
Country	USA	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			
Name Scott D. Robertson			
Street Address (P.O. Box Number is Not Acceptable) 18151 Old Dominion Court			
Suite, Apt. #, Etc.			
City	Fort Myers	State	FL
Zip Code	33908		

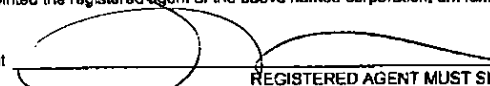
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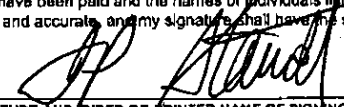
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CR2E081 (9/00)

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 10/10/01
REGISTERED AGENT MUST SIGN	

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	Date 10/10/01	Daytime Phone # 203-869-7772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			