PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 UBR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 29 AM 8:01

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DOCUMENT # P94000002633

1. Corporation Name

SOUTH ATLANTIC INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
2300 WEST SAMPLE ROAD #200 POMPANO BEACH FL 33073	2300 WEST SAMPLE ROAD #200 POMPANO BEACH FL 33073

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/04/1994

5. FEI Number: 65-0457314 — Applied For ☐ Not Applicable ☐

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
P	EBERT, JOHN	2300 WEST SAMPLE ROAD	POMPANO BEACH FL 33073
VP	EBERT, AIDA	2300 WEST SAMPLE ROAD	POMPANO BEACH FL 33073

200008676792
10/29/02--01139--002 **150.00

8. Name and Address of Current Registered Agent

EBERT, JOHN W
2300 WEST SAMPLE ROAD
#200
POMPANO BEACH FL 33073

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 10/28/02

REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED John W Ebert — 10/28/02 — 954-971-1552

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

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SOUTH ATLANTIC INSURANCE SERVICES
2300 W. SAMPLE ROAD SUITE #200
POMPANO BCH., FL 33073
954-971-1552 * 954- 971-1446(FAX)

M E M O

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: JOHN EBERT

SUBJ: REINSTATEMENT OF CORPORATION

DATE: 10/28/02

THE LETTER IS IN REFERENCE TO THE REINSTATEMENT OF MY CORPORATION, SOUTH ATLANTIC INSURANCE SERVICES, INC.

I JUST RECEIVED YOUR REVOCATION LETTER TODAY AND WAS VERY SURPRISED BECAUSE I THOUGHT THAT I HAD ALREADY PAID THE RENEWAL FEE AND SENT IN THE REPORT. I HAD EVEN WENT ON LINE TO THE STATES WEB SITE AND IT LOOKED AS THOUGH EVERYTHING WAS OKAY BECAUSE IT SHOWED ACTIVE, NOW I KNOW I SHOULD HAVE CALLED.

THE INCEPTION OF MY CORPORATION WAS 1/4/94 AND SINCE THEN I ALWAYS PAID AND SENT THE ANNUAL REPORT ON TIME, THIS WAS AND WILL BE THE ONLY TIME THAT THIS WLL HAPPPEN AND I WOULD ASK IF YOU WOULD CONSIDER WAIVING THE REINSTATEMENT FEE OF $600. I OVERNIGHTED THE REPORT AND CHECK ENCLOSED SO ON MY END THERE IS NO MORE DELAY.

I THANK YOU FOR YOUR CONSIDERATION ON THIS MATTER AND KNOW THIS WILL NOT HAPPEN AGAIN.

SINCERELY,

JOHN EBERT
PRESIDENT