

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JUN 20 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000083112

1. Corporation Name

FLORIDA INSURANCE GROUP, Inc.

Principal Place of Business

Mailing Address

P.O. Box 410197

MELBOURNE, FL. 32941-0197

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

12/15/94

5. FEI Number

59-3279634

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers)<br>3 | City / State / Zip<br>4   |
|---------------|---|--|---|
| P/D           | FRANCIS X. McCAHILL III                   | 700 OAK PARK DRIVE   | MELBOURNE, FL. 32940  |
| VP/D          | BRYAN A. McCAHILL                         | 1039 INVERNESS DRIVE   | MELBOURNE, FL. 32940  |
|               |   |  | 500002220685--3<br>-06/24/97--01002--005<br>****923.75 ****923.75 |
|               |   |  | REINSTATEMENT 96-97   |
|               |   |  | 6-70-97   |

8. Name and Address of Current Registered Agent

F.X. McCAHILL JR  
1039 INVERNESS DRIVE  
MELBOURNE, FL. 32940

9. Name and Address of New Registered Agent

Name

KAREN L. McCAHILL

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

700 OAK PARK DRIVE

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32940

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

Karen L. McCAhill

REGISTERED AGENT MUST SIGN

Date

6/17/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☒

No ☐

(See other side for information  
on intangible tax.)

12. 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:

FRANCIS X. McCAHILL III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/97

Date

(407) 242-9498

Daytime Phone #

CR2E040 (1/2/96)