

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION**  
**REINSTATEMENT**

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

**DOCUMENT #** ~~57-3308192~~  
**1. Corporation Name** Nations Surety Company

99 MAY 11 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business** Same  
**Mailing Address** 1217 Miccosukee Road  
Tallahassee, FL 32308

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

<b>2. New Principal Office Address, If Applicable</b>		<b>3. New Mailing Office Address, If Applicable</b>		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 4-4-95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>5. FEI Number</b> 59-3308192	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Title(s)</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</b>	<b>City / State / Zip</b>
Pres.	William Roy Jones Jr.	1217 Miccosukee Road	Tallahassee, FL 32308

800002862198-7  
-05/04/99-01075-003  
\*\*\*\*300.00 \*\*\*\*300.00

<b>8. Name and Address of Current Registered Agent</b> W. Bradley Munroe 239 East Virginia St. Tallahassee, FL 32301	<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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**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 \_\_\_\_\_ Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

**11. This corporation owes the current year Intangible Personal Property Tax due June 30.** 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR William Roy Jones Jr.  
Date 4-30-99  
Daytime Phone # 671-29100