

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000026650

1. Corporation Name

Nations Surety Company

2. Principal Office Address

1219 Miccosukee Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

1219 Miccosukee Rd.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

Country

32308

City & State

Tallahassee, FL

Zip

Country

32308

4. Date Incorporated or Qualified  
To Do Business in Florida

4/4/1995

5. FEI Number

593308192

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

Munroe, W. Bradley

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

239 East Virginia Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

REGISTERED AGENT MUST SIGN

Date

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	William Roy Jones, Jr.	1219 Miccosukee Rd.	Tallahassee, FL 23208

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/2002

Date

850-671-2900

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 APR - 8 PM 2:59

CR2E081 (10/02)

# NATIONS SURETY

## NATIONS SURETY COMPANY

A SPECIALTY SURETY AGENCY

1219 MICCOSUKEE ROAD TALLAHASSEE, FL 32308

(800) 700-6122 (850) 671-2900 (850) 671-2597 FAX

April 8, 2003

Secretary of State  
Division of Corporations

Ref. Nations Surety Company #P9500026650

To Whom It May Concern:

We did not receive notices concerning the corporation filing. <sup>year 2000.</sup> Please waive the penalty for reinstatement. Attached is a check for \$600 for the reinstatement of Nations Surety Company.

Sincerely,



William Roy Jones Jr.