Pg 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000050218

1. Corporation Name

A-OK Insurance Inc.

500147029505
03/24/09--01009--014 **300.00

REINSTATEMENT 08-09

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
3100 Falling Leaf Court		3100 Falling Leaf Court	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200	
City & State Columbia, MO		City & State Columbia, MO	
Zip 65201	Country	Zip 65201	Country

4. Date Incorporated or Qualified To Do Business in Florida 06/27/1995

5. FEI Number 593327022 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, Etc.

City: Plantation | State: FL | Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: See attached hereto and incorporated herein — Date _____

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
CEO/D	James C. French	3100 Falling Leaf Court, Ste 200	Columbia, MO 65201
P/S/D	Roger D. Walker	3100 Falling Leaf Court, Ste 200	Columbia, MO 65201
V/T/D	Kirk W. Schmidt	3100 Falling Leaf Court, Ste. 200	Columbia, MO 65201

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 contained in Chapter 119, 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: James C. French, Director 3-19-2009 573-817-2481

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

3/24/09

Ay262

ACCEPTANCE OF APPOINTMENT

RE: A-OK Insurance Inc.

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: March 18, 2009

C T CORPORATION SYSTEM

By_____

Jonathan L. Miles,
Assistant Secretary