

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 JUN 11 PM 6:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

P950000S6871

**1. Corporation Name**

Water Street Insurance Agency, Inc.

**2. Principal Office Address**

225 Water Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL 32218

Zip

32218

Country

USA

**3. Mailing Office Address**

Corporate Tax, NC0200

Suite, Apt. #, etc.

Two First Union Center

City & State

Charlotte, NC 28288-0200

Zip

28288-0200

Country

USA

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\*\*\*1350.00 \*\*\*1350.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7/24/95

**5. FEI Number**

59-3323039

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

Corporation Service Company

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

1201 Hays 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

**BRIAN COURTNEY, ASST. V.P.**

REGISTERED AGENT MUST SIGN

Date

6-19-01

**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/D	President/Director : David J. DeGorter	One First Union Center	Charlotte, NC 28288
V	Vice President: James W. Ahern	Two First Union Center	Charlotte, NC 28288
S	Secretary : Daniel Glassberg	One First Union Center	Charlotte, NC 28288
T	Treasurer: James H. Hatch	Two First Union Center	Charlotte, NC 28288
D	Director: Harry C. Laderer	Three First Union Center	Charlotte, NC 28288

**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:**

James W. Ahern, VP

6/12/01

704-374-6841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)