

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC -8 AM 9:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 95000073165

1. Corporation Name

AMSOUTH INSURANCE AGENCY, INC.

2. Principal Office Address

100 N. Tampa Street

Suite, Apt. #, etc.

34th Floor

City & State

Tampa, FL

Zip

33601

Country

USA

3. Mailing Office Address

P.O. Box 11007

Suite, Apt. #, etc.

Attn: Law Department

City & State

Birmingham, AL

Zip

35288

Country

USA

REINSTATEMENT 01-03

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

9/21/1995

5. FEI Number

59-3358720

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 South Pine Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Dale W. Morris

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

Date

12-1-03

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
S	Carl L. Gorday	1900 Fifth Avenue, North	Birmingham, AL 35203
AS	Michelle Bridges	1900 Fifth Avenue, North	Birmingham, AL 35203

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:

Carl L. Gorday
Carl L. Gorday, Secretary

11/25/03
Date

205-326-5183
Daytime Phone #

CR2E081 (10/02)