PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 97-99 AR

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

FILED
99 SEP -9 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000011353

1. Corporation Name
CHARTER FINANCIAL AND INSURANCE GROUP, INC.

Principal Place of Business / Mailing Address
6161 BLUE LAGOON DRIVE #300
MIAMI FL 33126

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

2. New Principal Office Address, If Applicable
255 ALHAMBRA CIRCLE
Suite, Apt. #, etc.
435
City & State
CORAL GABLES
Zip
33134
Country
USA

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida
2-1-96

5. FEI Number
65-0650671
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---|---|---|---|
| P/D | MYRTHIA MOORE | 1801 CORTEZ | CORAL GABLES FL 33134 |
| | | | |
| | | | 100002987931--8 |
| | | | -09715799--01066--003 |
| | | | ****465.00 ****465.00 |
| | | 97-99 AR TS | |
| | | | |

8. Name and Address of Current Registered Agent
MYRTHIA MOORE SVALDI
1838 South Miami Ave
Miami FL 33129

9. Name and Address of New Registered Agent
Name: MYRTHIA MOORE
Street Address (P.O. Box Number is Not Acceptable): 1801 CORTEZ
Suite, Apt. #, Etc.:
City: CORAL GABLES
State: FL
Zip Code: 33134

CR2E081 (12/98)

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: Myrthia Moore — REGISTERED AGENT MUST SIGN
Date: 9-7-99

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: Myrthia Moore — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 9-7-99
Daytime Phone #: 3054615600

# CHARTER FINANCIAL AND INSURANCE GROUP, INC.

INSURANCE • INVESTMENTS • GROUP BENEFITS • FINANCIAL & ESTATE ANALYSIS

Myrthia Moore

September 7, 1999

Department of State
Division of Corporation
PO Box 6327
Tallahassee FL 32314

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RE: Reinstatement 65-0650671

Dear Sir/Madam:

Enclosed please find a reinstatement form for Charter Financial and Insurance Group, Inc., check # 2649 in the amount of $465.00 for 1997, 1998 , & 1999 annual reports. Please waive late fee as the annual report forms were never received.

Also, there has been a name change as noted on the reinstatement form Myrthia Moore Svaldi is now Myrthia Moore. Copy of Divorce papers.

If you should have any questions or need anything further please contact me at (305) 461-5600.

Sincerely,

Myrthia Moore
President

*255 Alhambra Circle*
*Suite 435*
*Coral Gables, FL 33134*
*Tel: (305) 461-5600*
*Fax: (305) 461-5580*