2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000046207 FILED 1. Entity Name FLORIDA SELECT INSURANCE COMPANY 07 OCT 18 AM 9: 54 CONTRACTOR STATE FALL AHASSEE, FLORIDA Principal Place of Business Mailing Address 1819 MAIN STREET 1819 MAIN STREET SUITE 700 SUITE 700 SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2020 CAPITAL Circle SE SAME 101 REINSTATEMENT 98 (1/07) Suite, Apt. #, etc. Ste 350 City & State City & State 4. FEI Number Applied Fo 59-3390361 TAMANASSPE Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 32301 Fee Required US A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2008, Fee will be \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete Deputy Receiver TITLE DÇ TITLE Change 4 Accition NAME LACEFIELD, DAVID W NAME P.Hi TUCPIN 2010 CAPITAL CITILE SE Ste 350 3760 RIVER RUN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BIRMINGHAM, AL 35242 CITY-ST-ZIP FL 32301 TITLE Déleie TITLE ☐ Change -Addition Meputy Receiver EMERY, C. DAVID NAME NAME Michael Svaloi 3760 RIVER RUN DRIVE STREET ADDRESS STREET ADDRESS 2020 CAPITAL Circle SE Ste 350 CITY-ST-ZIP BIRMINGHAM, AL 43360 CITY-ST-7IP 3 2301 TITLE Delete ☐ Change ☐ Addition TITLE WRIGHT, FRED H 00110971 8/07--01055--017 NAME NAME 1805 3760 RIVER RUN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BIRMINGHAM, AL 35243 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition GONZALEZ, ARTHUR NAME NAME 3760 RIVER RUN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-ZIP Delete TITLE ☐ Addition TITLE Change FORD, KERRY W NAME NAME STREET ADDRESS 1819 MAIN STREET, SUITE 1101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34236 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

10/10/07

850.528.8053

Tulpin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: