

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 13 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000046207

1. Corporation Name

FLORIDA SELECT INSURANCE COMPANY

2. Principal Office Address

1819 MAIN STREET

Suite, Apt. #, etc.

SUITE 700

City & State

SARASOTA, FLORIDA

Zip

34236

Country

U.S.A.

3. Mailing Office Address

1819 MAIN STREET

Suite, Apt. #, etc.

SUITE 700

City & State

SARASOTA, FLORIDA

Zip

34236

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

05/29/96

5. FEI Number

59-3390361

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

CHIEF FINANCIAL OFFICER

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

P O Box 6200 (32314-6200)

Suite, Apt. #, Etc.

200 E. GAINES STREET

City

TALLAHASSEE

State

FL

Zip Code

32399-0000

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

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
P D	LEFLER, WALTER M	1819 MAIN STREET SUITE 700	SARASOTA, FL 34236
D	MCCULLOUGH, JOHN	3760 RIVER RUN DRIVE	BIRMINGHAM, AL 43360
D	NANCE, HOPSON	3760 RIVER RUN DRIVE	BIRMINGHAM, AL 43360
T	WIEDRICK, JENNIFER	1819 MAIN STREET SUITE 700	SARASOTA, FL 34236
V S	KROUSE, MITCHEL	1819 MAIN STREET SUITE 700	SARASOTA, FL 34236
V	COTE, JOHN A	1819 MAIN STREET SUITE 700	SARASOTA, FL 34236

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MITCHEL KROUSE

10/09/03

941-554-3952

Date

Daytime Phone #

REINSTATEMENT 03

CR2E081 (10/02)

9/16/15



Via Overnight Delivery

October 10, 2003

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Reinstatement Application

Dear Sir/Madam:

Florida Select Insurance Company did not receive a 2003 Annual Report / Uniform Business Report and, as result thereof, did not file same. The corporation was, in September 2003, administratively dissolved or revoked.

Enclosed is a Corporation Reinstatement Application for Florida Select Insurance Company together with a check, in the amount of \$ 158.75, in payment of the fee associated with this request and for a Certificate of Status. Please return the Certificate of Status to the undersigned.

If you have any questions, please call the undersigned at (941) 554-3952.

Thank you for your assistance in this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "MK", with a long horizontal line extending to the left.

Mitchel Krouse
Vice President and General Counsel

MJK/bm
Enclosures