

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000047922 1. Corporation Name Apple Insurance Mall of Sarasota, Inc			
2. Principal Office Address - No P.O. Box # 1951 W. Dr. Martin Luther King, Jr Bldg Suite, Apt. #, etc. City & State Tampa, Florida Zip 33607		3. Mailing Office Address 5500 Interstate North Parkway Suite, Apt. #, etc. Suite 600 City & State Atlanta, GA Zip 30328	
Country United States		Country United States	
4. Date Incorporated or Qualified To Do Business in Florida 05/31/1996			
5. FEI Number 650665492		Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒ \$5.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island 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 _____ C T Corporation System _____ Jennifer F. Aultman Assistant Secretary Date 8-5-08 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Bud Stumbaugh	5500 Interstate N. Pkwy. 600	Atlanta, GA 30328
D/C	Guy Millner	5500 Interstate N. Pkwy. 600	Atlanta, GA 30328
T/S/V	Mark Hain	5500 Interstate N. Pkwy. 600	Atlanta, GA 30328
T	Richard Dorson	5500 Interstate N. Pkwy. 600	Atlanta, GA 30328
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 contained in Chapter 118, 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: <u>Mark Hain</u> 8/4/08 770-922-0222 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT**APPLE INSURANCE MALL OF SARASOTA, INC.**

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