

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000088526

1. Corporation Name

FLORIDA PREFERRED MUTUAL INSURANCE COMPANY

Principal Place of Business

7250 BENEVA ROAD
SARASOTA FL 34238

Mailing Address

7250 BENEVA ROAD
SARASOTA FL 34238

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

2. New Principal Office Address, If Applicable

7220 BENEVA Rd.

Suite, Apt. #, etc.

City & State

SARASOTA FL 34238

Zip 34238

Country USA

3. New Mailing Office Address, If Applicable

7220 BENEVA Rd.

Suite, Apt. #, etc.

City & State

SARASOTA FL 34238

Zip 34238

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1996

5. FEI Number

65-6057267

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	4 City / State / Zip
PD	CAINE, TEDSON	7250 BENEVA ROAD	SARASOTA FL 34238
D	EMRICH, TODD W	7250 BENEVA ROAD	SARASOTA FL 34238
VPS	CAINE, THOMAS E	7250 BENEVA ROAD	SARASOTA FL 34238
D	PEREZ, D P DE RUIZ, DANE R	7250 BENEVA RD	SARASOTA FL 34238
D	GARTHWAIT, DOUGLAS E	7250 BENEVA ROAD	SARASOTA FL 34238

8. Name and Address of Current Registered Agent

STATE TREASURER AND INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

400003038974-2

-11/03/99-01011-020

758.75

FL

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

REGISTERED AGENT MUST SIGN

Date

11. 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

Date

Daytime Phone #

12/11/99 941-924-4444