APPLOCODIO323E Requester's Name

		Insurance	
		ddress 32303	
_	Whassee	FC \$22-317	9
	City/State/Zip	Phone #	

Office Use Only

Examiner's Initials

1. FIBA Mutual (Corporation Name) 2. (Corporation Name)	MENT NUMBER(S), (if known): (Document #)	FILED 00 AUG -2 PM 6 SECRETARY OF STALLAHASSEE, FEB
3. (Corporation Name)	(Document #)	083446296
4. (Corporation Name) Walk in Pick up time Mail out Will wait	(Document #)	Tied Copy
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/I Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICAT Foreign Limited Partnership Reinstatement Trademark Other	RECEIVED 00 AUG -2 PM 4: 15 DIGISION OF GOREGRATION CITY OF THE CONTRATION

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT IN AND FOR LEON COUNTY, FLORIDA

CASE NO. 99-4481

In Re: Receivership of FTBA MUTUAL, INC.

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SECKETAAY OF STATE
TAKELAHASSEE FFORIN

ORDER DISSOLVING THE CORPORATE EXISTENCE OF FTBA MUTUAL, INC

THIS CAUSE having come before the Court on the Receiver's Motion for Order Dissolving the Corporate Existence of FTBA Mutual, Inc. The Court having reviewed the pleadings and otherwise being fully advised in the premises, it is **ORDERED** and **ADJUDGED** that the corporate existence of FTBA Mutual, Inc. is hereby dissolved.

> NIKKI ANN CĽÁRK CIRCUIT COURT JUDGE

SATE OF FLURIDA, COUNTY OF LEON

I HEREBY CERTIFY that the above and foregoing is a true and correct copy of an instrument recorded in the official records of Leon County, Florida.

WITNESS my hand and seal of office this Adams

DAVE LANG

Clerk of Circuit Court

SANTE UNION A

by Role A. Ois D.C

2002