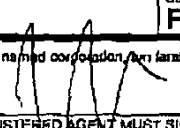
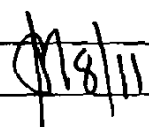


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 AUG -6 AM 11:13
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000037679			
1. Corporation Name Apple Insurance Mall of Southside, Inc.			
2. Principal Office Address - No P.O. Box # 5201 Park Blvd Suite, Apt. #, etc. City & State Pinellas Park, FL Zip 33781		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 04/27/1998			
5. FEI Number 593507426		Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 Additional Fee required for a Certificate of Status			
☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
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 607.0603 or 617.0503, F.S. Signature of Registered Agent:  Jennifer F. Aulman 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)			
Type	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Bad 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 Dotson	5500 Interstate N. Pkwy. 600	Atlanta, GA 30328
			
10. I certify that I am an officer or director of 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 119, 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:  Mark Hain		Date: 8/4/08 Daytime Phone #: 770 952-0200	

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

RE-SUBMIT

Please retain original filing
date of submission 8/6

⊛ Attn: Sean
Toner

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

Certificate of Status	0
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