

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 08 AUG -6 PM 4: 04

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000037704

1. Corporation Name

Apple Insurance Mall of Tax Services, Inc

2. Principal Office Address - No P.O. Box

5201 Park Blvd

Suite, Apt. #, etc.

City & State

Pinellas Park, FL

Zip

33781

Country

United States

3. Mailing Office Address

5500 Interstate North Parkway

Suite, Apt. #, etc.

Suite 600

City & State

Atlanta, GA

Zip

30328

Country

United States

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida 04/27/1998

5. FEI Number

650833851

Applied For

Not Applicable

6.

\$8.75 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

☐ 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.

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

8-5-07

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 Milner	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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Hain

Date

8/4/08 952-D2DD

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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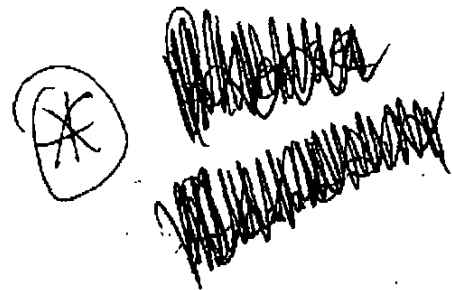
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926



CORPORATION REINSTATEMENT
APPLE INSURANCE MALL TAX SERVICES, INC.

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