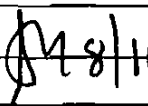
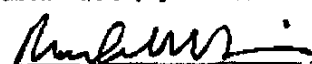


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P980000 37709			
1. Corporation Name Apple Insurance Mail of Tax Services, Inc.			
2. Principal Office Address - No P.O. Box # 5201 Park Blvd Suite, Apt. #, etc.		3. Mailing Office Address 5500 Interstate North Parkway Suite, Apt. #, etc.	
City & State Pinellas Park, FL		City & State Atlanta, GA	
Zip 33781	Country United States	Zip 30328	Country United States
4. Date Incorporated or Qualified To Do Business in Florida 04/27/1998			
5. FEI Number 650833851		Applied For ☐ Not Applicable	
6. 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 607.0546 or 617.0503, F.S. Signature of Registered Agent _____ Jennifer F. Aultman Assistant Secretary Date <u>8-5-08</u> REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	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 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 607.0491 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 <u>8/4/08</u> Day/ing Phone # <u>952-2200</u>	

Florida Department of State
Division of Corporations
Public Access System

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000189169 3)))



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RE SUBMIT
Please retain original filing
date of submission 8/6

To: 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

CORPORATION REINSTATEMENT

APPLE INSURANCE MALL TAX SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,350.00

Attn: Sean Toner

Electronic Filing Menu

Corporate Filing Menu

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