PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAY 21 AM 7:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000051541

1. Corporation Name
CARRIER INSURANCE AGENCY, INC.

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 5550 LAKE HOWELL RD | P O BOX 721200 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: WINTER PARK, FL | City & State: ORLANDO, FL |
| Zip: 32792 Country: USA | Zip: 32872-1200 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 07/01/1998

5. FEI Number: 59-3516020 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: LEO R CARRIER

Street Address (P.O. Box Number is Not Acceptable): 5550 LAKE HOWELL ROAD

Suite, Apt. #, Etc.:

City: WINTER PARK State: FL Zip Code: 32792-1036

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: X Leo R Carrier
REGISTERED AGENT MUST SIGN

Date: 05/19/2003

CR2E081 (10/02)

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 |
|---|---|---|---|
| P/T/D | LEO R. CARRIER | 5550 LAKE HOWELL ROAD | WINTER PARK, FL 32792-1036 |
| V/S/D | MARY J CARRIER | 5550 LAKE HOWELL ROAD | WINTER PARK, FL 32792-1036 |
| | | | |
| | | 100013679251 05/21/03--01047--009 **158.65 | |
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| | | | |

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 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: X Leo R Carrier 5-19-03 407-647-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Leo R. Carrier

gr 5/21

*CARRIER INSURANCE AGENCY, INC*
*5550 Lake Howell Road*
*Winter Park, FL 32792-1036*
*phone: (407) 647-0000*
*fax: 407-657-5000*
*email: carrierinsurance@earthlink.net*

**Florida Department of State**
**Division of Corporations**
**P.O. Box 6327**
**Tallahassee, Fl. 32314**

**Leo R. Carrier**
**Carrier Insurance Agency, Inc.**
**Winter Park, Fl. 32792**

**November 5, 2002**

**We did not receive the original renewal request, we request that you accept our renewal of our corporate status; our check for the renewal fee is enclosed.**

**Thanking you in advance for your consideration and help on this matter.**

**Sincerely,**

**Leo R. Carrier, Pres.**