

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY 23 PM 6:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000007106

1. Corporation Name *Florida Family Insurance, Inc.*

2. Principal Office Address

900 US Hwy 1

Suite, Apt. #, etc.

Suite 104

City & State

Lake Park, FL

Zip

33403

Country

USA

3. Mailing Office Address

900 US Hwy 1

Suite, Apt. #, etc.

Suite 104

City & State

Lake Park, FL

Zip

33403

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/13/1999

5. FEI Number

65-1007519

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael Fairclough FCA

Street Address (P.O. Box Number is Not Acceptable)

2845 N Military Tr. #8

Suite, Apt. #, Etc.

Suite 8

City

West Palm Bch

State

FL

Zip Code

33409

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

M. J. L.

Date

05/03/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

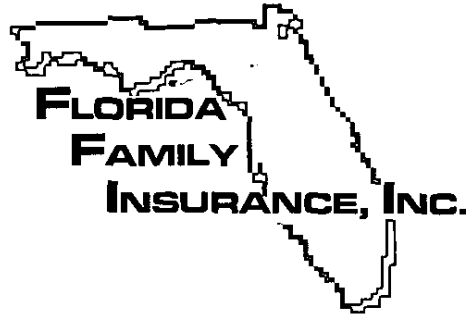
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	PAUL LAMER	3732 SAVOY LANE #E3	WEST PALM BEACH FL 33411
	20125-AR	WEST PALM BEACH FL 33411	200004430082--8
	10.00-ARACT		-06/19/01--01075--015
	88.75-AROPP		****300.00 ****300.00
			00-01 USR
			78

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:

Paul Lamer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/01 (361) 848-7644
Date Daytime Phone #



page 2 of 2

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To whom it May Concern,

As per our conversation with Stacy on 5/18/2001, It should be noted in the computer that all we need to do is send in \$300.00 and the enclosed paperwork to reinstate my corporation as we never received any mailing from the state as noted the envelope was returned to you.

Please process as soon as possible and contact me if you have any questions.

Thanks You,

Paul Lamer