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

**CORPORATION** [redacted]

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 | **3.** Mailing Office Address |
|---|---|
| 900 US Hwy 1 | 900 US Hwy 1 |
| Suite, Apt. #, etc.: Suite 104 | Suite, Apt. #, etc.: Suite 104 |
| City & State: Lake Park, Fl | City & State: Lake Park, FL |
| Zip: 33403 Country: USA | 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 ☐ $8.75 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. ~~Ste 8~~

Suite, Apt. #, Etc.: Suite 8

City: ~~WPB,~~ 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.F.L Date: 05/03/01

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

**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 3340 |
| | 20125-AR | ~~WEST PALM BEACH FL 3344~~ | |
| | 10.00-ARAPT | | 200004430082--8<br>-06/19/01--01075--015<br>****300.00 ****300.00 |
| | 88.75-ARREIP | | |
| | | | 00-01 452 |
| | | | |

**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 3/4/01 (561)848-7644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P04e02

FLORIDA FAMILY INSURANCE, INC.

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

900 US Hwy. 1, Suite 104 • Lake Park, Florida 33403
561-848-7644 • Toll Free 888-267-2656 • Fax 561-848-7642