

DOCUMENT # P99000033936

**ENVISIO INSURANCE GROUP, INC.**

**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90022 002 \*\*\*150.00

7217 BENJAMIN RD  
TAMPA FL 33634

SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE

DATE \_\_\_\_\_

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00** May Be Added to Fees

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/91

(813) 243 1110  
Daytime Phone #

CR2E034 (10/00)