

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P99000040094**

1. Corporation Name

**ALLMERICA INVESTMENTS INSURANCE AGENCY OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

440 LINCOLN ST.  
WORCESTER MA 01653

440 LINCOLN ST.  
WORCESTER MA 01653

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/20/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

06-1550524

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
OC P	PARKER, STEPHEN	36 MAYFLOWER RD.	WINCHESTER MA 01890
D	MONROE, WILLIAM F JR.	225 GENERAL HOBBS RD.	HOLDEN MA 01522
D	MUELLER, DAVID J	78 BRINGTON RD.	BROOKLINE MA 02146
AT	NORTON-GATTO, PATRICIA A	78 KILDEER ISLAND ROAD	WEBSTER MA 01570
S	Cronin, Charles F.	57 Longwood Drive	Lunenburg, MA 01462

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

100004740871--0  
-12/27/01--01028--019  
\*\*\*750.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/30/01

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles F. Cronin 508-855-2319

12/31/2000

**Officers and Directors**

**Allmerica Investments Insurance Agency of Florida, Inc.**

<u>Director</u>	<u>Title</u>	<u>Start Date</u>
William F. Monroe Jr.	Director	05/20/1999
Stephen Parker	Director	05/20/1999

  

<u>Officer</u>	<u>Title</u>	<u>Start Date</u>
Abigail M. Armstrong	Assistant Secretary	08/31/1999
Charles F. Cronin	Secretary	06/01/2000
Kimberly Joan DeProspero-Rios	Assistant Vice President	08/31/1999
Mary M. Eldridge	Assistant Secretary	06/01/2000
Mark C. McGivney	Treasurer	03/31/2000
William F. Monroe Jr.	Vice President	08/31/1999
K. David Nunley	Vice President	10/13/2000
Stephen Parker	President	08/31/1999
Edward J. Parry III	Assistant Treasurer	03/31/2000
Edward O. Sandstrom, Jr.	Assistant Vice President	08/31/1999
Jeffrey A. Smith	Assistant Treasurer	08/31/1999
Martin A. Snow	Assistant Treasurer	08/31/1999