

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 DEC 14 PM 2:48

DOCUMENT # **P99000046094**

1. Corporation Name
ALLMERICA INVESTMENTS INSURANCE AGENCY OF FLORIDA, INC.

Principal Place of Business 440 LINCOLN ST. WORCESTER MA 01653	Mailing Address 440 LINCOLN ST. WORCESTER MA 01653
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REINSTATEMENT 9

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

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	4. Date Incorporated or Qualified To Do Business in Florida 05/20/1999
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5. FEI Number 06-1550524	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
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 KILLDEER ISLAND ROAD	WEBSTER MA 01570
S	Cronin, Charles F.	57 Longwood Drive	Lunenburg, MA 01462

8. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name	<i>[Signature]</i>
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	100004740871--0
City	FL 33324

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: *[Signature]* **TAMMY TOFFEROO**
 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]* **REQUIRED** Charles F. Cronin 508-855-~~9526~~ **2319**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (8/01)

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