

10P2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 APR -7 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 999000046094

1. Corporation Name

Allmerica Investments Insurance Agency of Florida, Inc.

2. Principal Office Address

440 Lincoln Street

Suite, Apt. #, etc.

City & State

Worcester, MA

Zip

01653

Country

U.S.A.

3. Mailing Office Address

440 Lincoln Street

Suite, Apt. #, etc.

City & State

Worcester, MA

Zip

01653

Country

U.S.A.

REINSTATEMENT 03-06

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
06-1550522

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
The Corporation Company

Street Address (P.O. Box Number is Not Acceptable)
2000 Interstate Park Drive, Suite 204

Suite, Apt. #, Etc.

City
Montgomery

State
FL
Zip Code
36109

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
Salvina Amenta Gray
REGISTERED AGENT MUST SIGN

**SALVINA AMENTA-GRAY
SPECIAL ASSISTANT SECRETARY**

Date
4-5-06

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
	See List Attached		

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04/24/06--01053--006 **1200.00

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 contained in Chapter 119, 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: *J. Kendall Huber*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
03/23/06

Daytime Phone #
(508) 855-4924

2082

Officers and Directors w/business address

Allmerica Investments Insurance Agency of Florida, Inc.

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
Charles F. Cronin	Secretary	440 Lincoln Street Worcester, MA 01653
J. Kendall Huber	Director	440 Lincoln Street Worcester, MA 01653
John R. Larson	Assistant Treasurer	440 Lincoln Street Worcester, MA 01653
Mark C. McGivney	Director	440 Lincoln Street Worcester, MA 01653
	Treasurer	
Edward J. Parry III	Assistant Treasurer	440 Lincoln Street Worcester, MA 01653
Marilyn T. Smith	Director	440 Lincoln Street Worcester, MA 01653
	President	