

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 26 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000060551

1. Corporation Name

Selective Investment and Insurance Corp.

2. Principal Office Address

1436 Highway 41 North

Suite, Apt. #, etc.

City & State

INVERNESS, Florida

Zip

34450

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/1999

5. FEI Number

59-3565862

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

MATTHEW C. ZUMMO

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

1436 Highway 41 North

Suite, Apt. #, Etc.

City

INVERNESS, Florida

State

FL

Zip Code

34450

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

MATTHEW C. ZUMMO

REGISTERED AGENT MUST SIGN

Date 05/24/2004

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
OFFICER	<u>MATTHEW C. ZUMMO</u>	<u>4621 NORTH LENA DR.</u>	<u>Beverly Hills, FL 34465</u>
OFFICER	<u>NATALYA N. ZUMMO</u>	<u>4621 NORTH LENA DR.</u>	<u>Beverly Hills, FL 34466</u>

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:

MATTHEW C. ZUMMO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/2004

Date

355-341-4644

355-341-4644

Daytime Phone #

CR2081 (01/04)