## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT FLORIDA DEPARTMEN Secretary of S DIVISION OF CORPOR  |  |          |                          |   |              | State  |   | FILED  08 JUL 28 PM 3: 14  SECRETARY OF STATE  |
|--|--|----------|--------------------------|---|--------------|--|---|--|
| DOCUMENT # P99000108559 1. Corporation Name  |  |          |                          |   |              |  | TALLAHASSEE, FLORIDA                              |  |
| NORTH AMERICAN INSURANCE GROUP, INC.   |  |          |                          |   |              |  |   |  |
| 2. Principal Office Address - No P.O. Box # 3. Mailing   |  |          | Office Address           |   |              | ACCOUNT OF AC  |   |  |
| 1801 N. Pine Island Road   |  |          | 1801 N. Pine Island Road |   |              | oad  |   | 12 16 16 16 16 16 16 16 16 16 16 16 16 16      |
| Suite, Apt. #, etc. Suité, Ap  |  |          | Suité, Apt. #            | #, etc.   |              | I man was a second   |   |  |
| Suite 200 Suite 2  |  |          | Suite 200                | )0  |              | 4. Date incor  | porated or Qualified siness in Florida 12/16/1999 |  |
| City & State City & S  |  |          | City & State             | te  |              |  | 12/10/1000  |  |
| Plantation, Florida Pla  |  |          | Plantatio                | Plantation, Florida                               |              |  | 5. FEI Numb                                       |  |
| Zip  | Count                                    | ry .     | Zip                      |   | Cour         | ntry   | 6.  | 58.75 Additional Secondary                     |
| 33322  | USA                                      | <u> </u> | 33322                    |   | US           | Α  | CERTIFICAT  | FOR STATUS DESIRED for a Certificate of Status |
|  | stered Agen                              | t        |                          | •   |              |  |   |  |
| Name   |  |          |                          |   |              |  | The reinstatement fee is imposed, except in       |  |
| Timothy L. Rath Street Address (P.O. Box Number is Not Acceptable)   |  |          |                          |   |              | circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. |   |  |
| 1801 N. Pine Island Road   |  |          |                          |   |              |  |   |  |
| Suite, Apt #, Etc.<br>Suite 200  |  |          |                          |   |              |  |   |  |
| City Plantation  |  |          |                          | State Zp Code FL 33322                            |              |  |   |  |
| 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 Must Sign  |  |          |                          |   |              | Date 7-24-08   |   |  |
|  |  |          |                          |   |              |  |   |  |
| 9. Names and Street Addresses of Each Officer and/or Director (Flo   |  |          |                          |   | <del>/</del> |  |   | T  |
| Titles   | Titles Name of Officers and/or Directors |          |                          | Street Address of Each<br>Officer and/or Director |              |  | n<br>r  | City / State / Zip                             |
| PD Tim   | D Timothy L. Rath                        |          |                          | 1801 N. Pine Island Road, S                       |              |  | Suite 200   | Plantation, Florida 33322                      |
| STD Suz  | TD Suzanne Rath                          |          |                          | 1801 N. Pine Island Road, S                       |              |  | Suite 200   | Plantation, Fiorida 33322                      |
|  |  |          |                          | ļ   |              |  | n   |  |
|  |  |          |                          |   |              |  | -4  | 9 <del>1864 3188 318</del> 3 3 618.75          |
|  | <del></del>                              |          |                          |   |              |  |   | 900133538359                                   |
|  |  |          |                          |   |              |  | 0   | /28/0801060015 **608.75                        |
| 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 stiling 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 inclinduate listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true-amplification and the names of inclinduate listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true-amplication and the names of inclinduate listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true-amplication and the names of inclinduates listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true-amplication.  SIGNATURE:  |  |          |                          |   |              |  |   |  |
| SIGNATURE: 1 1/00 1 1/0 |  |          |                          |   |              |  |   |  |