

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 96 DEC 19 AM 11:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # S17903 <small>1 Corporation Name</small> A Newton Insurance Corporation				DO NOT WRITE IN THIS SPACE	
<small>Principal Place of Business</small> 1000 Park Ave. Orange Park, FL 32073		<small>Mailing Address</small> P. O. Box 2460 Orange Park, FL 32067-2460			
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>					
<small>2 New Principal Office Address, If Applicable</small> N/A <small>Suite, Apt. #, etc</small>		<small>3 New Mailing Address, If Applicable</small> N/A <small>Suite, Apt. #, etc</small>			
<small>City & State</small> 		<small>City & State</small> 		<small>4 Date Incorporated or Qualified To Do Business in Florida</small> 12/10/90	
<small>Zip</small> 		<small>Country</small> 		<small>5 FEI Number</small> 59-3039963 <small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>	
<small>6 CERTIFICATE OF STATUS DESIRED</small> <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
<small>7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</small>					
<small>Title(s)</small>	<small>Name of Officers and/or Directors</small>	<small>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</small>	<small>City / State / Zip</small>		
P/D	Donna F. Newton	2358 Stonebridge Dr.	Orange Park, FL 32065		
V/D	Charles W. Diggs	8538 Bitterwood St.	Jacksonville, FL 32244		
S/D	Regina S. Diggs	8538 Bitterwood St.	Jacksonville, FL 32244		
T/D	Donald O. Newton	2358 Stonebridge Dr.	Orange Park, FL 32065		
<div style="border: 2px solid black; padding: 5px; display: inline-block; transform: rotate(-5deg);"> REINSTATEMENT </div>					
<small>8. Name and Address of Current Registered Agent</small> Donald O. Newton 1000 Park Ave. Orange Park, FL 32073			<small>9. Name and Address of New Registered Agent</small> <div style="border: 1px solid black; padding: 5px;"> <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>Suite, Apt. #, Etc.</small> <small>City</small> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <small>State</small> FL </div> <div> <small>Zip Code</small> </div> </div>		
<small>10 I am being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</small> <div style="display: flex; justify-content: space-between;"> <div> <small>Signature of Registered Agent</small> <small>REGISTERED AGENT MUST SIGN</small> </div> <div> <small>Date</small> 12/17/96 </div> </div>					
<small>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.</small> <div style="display: flex; align-items: center;"> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> </div> <div style="text-align: right; margin-top: 5px;"> 600002035226--0 -12/20/96--01076--009 ***576*** </div>					
<small>12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</small> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <small>SIGNATURE:</small> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> <small>Date</small> 12/17/96 </div> <div> <small>Daytime Phone #</small> 904-264-0707 </div> </div>					

CR2000 (12/95)