

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 15 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V04272

1. Corporation Name

Pomco of Florida, Ltd, Inc.

REINSTATEMENT 93-03

300025264623
12/08/03--01003--003 **2258.75

2. Principal Office Address

2425 James St.

Suite, Apt. #, etc.

3. Mailing Office Address

2425 James St

Suite, Apt. #, etc.

City & State

Syracuse, NY

City & State

Syracuse, NY

Zip

13206

Country

USA

Zip

13206

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/18/1993

5. FEI Number

65-0392785

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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**

Susan R. Clough

REGISTERED AGENT MUST SIGN

Date

11/19/03

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
President	Robert W. Pomfrey	411 Elm Street 411 Elm Street	Fayetteville, NY 13066

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:

Robert W. Pomfrey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/03

Date

(315) 432-9171

Daytime Phone #

CR2501 (10/02)

Certificate of Authority

CP00018

STATE OF FLORIDA

OFFICE OF

INSURANCE COMMISSIONER AND TREASURER

THIS IS TO CERTIFY THAT:

POMCO OF FLORIDA LTD., INC.
850 W LANTANA RD
LANTANA FL 33462

HAS DULY QUALIFIED PURSUANT TO SECTIONS 626.88-626.894
FLORIDA STATUTES FOR CERTIFICATION AS A THIRD PARTY ADMINISTRATOR
AND IS ENTITLED TO TRANSACT BUSINESS IN ACCORDANCE WITH THE
AUTHORIZATION CITED ABOVE.

03	18	93	12	40	00000000	0.00	91955			
ISSUE DATE			TYPE	CLASS	APPLICATION	TAXES & FEES	COMPANY CODE	EXPIRATION DATE		

Tom Galle

TREASURER
INSURANCE COMMISSIONER
FIRE MARSHAL