

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 21 AM 9:27

DOCUMENT # **V63875**

1. Corporation Name

JOHN ALDEN SERVICE WARRANTY CORPORATION OF FLORIDA

2. Principal Office Address

501 W. Michigan St.

Suite, Apt. #, etc.

City & State

Milwaukee, WI

Zip

53203

Country

USA

3. Mailing Office Address

PO Box 3050

Suite, Apt. #, etc.

City & State

Milwaukee, WI

Zip

53201-3050

Country

USA

REINSTATEMENT

05-06

CR2E081 (12/05)

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

09/15/1992

5. FEI Number

65-0362330

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 Prentice-Hall Corporation System, Inc.

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

Sarah K. Drake

**Sarah K. Drake
as its agent**

Date

6/29/06

REGISTERED AGENT MUST SIGN

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
Pres	Donald G. Hamm, Jr	501 W. Michigan St.	Milwaukee, WI 53203
Treas	Howard C. Miller	501 W. Michigan St.	Milwaukee, WI 53203
Sec	Christina R. Palme-Krizak	501 W. Michigan St.	Milwaukee, WI 53203
VP	Gary L. Lau	501 W. Michigan St.	Milwaukee, WI 53203

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07/27/06--01050--007 **900.00

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:

CRP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/12/06

Daytime Phone #

414 299 6540



ASSURANT
Health

501 West Michigan
P.O. Box 3050
Milwaukee, WI 53201-3050
T 800.800.1212

July 18, 2006

www.assurant.com

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: John Alden Service Warranty Corporation of
Florida

Dear Sir or Madam,

Enclosed please find the Corporation Reinstatement form for the above referenced company along with a check in the amount of \$900.00 for the reinstatement fee. Please feel free to contact me if you have any questions or need anything further.

Best Regards,

Molly A. Harris
Corporate Records Administrator
Legal Department
molly.harris@assurant.com
T 414.299.6771
F 414.299.8972

Encl.