



FILED

07 OCT 16 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 805212					
1. Corporation Name Vigilant Insurance Company					
2. Principal Office Address - No P.O. Box # 55 Water Street State, Apt. #, etc.			3. Mailing Office Address 15 Mountain View Rd. PO Box 1615 State, Apt. #, etc. Attn: Patricia Tomczyk		
City & State New York, NY			City & State Warren, NJ		
Zip 10041	Country USA	Zip 07061	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 06/27/1940	
				5. FEI Number 131963495	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>§ 675 Additional Fee required for a Certificate of Status</small>					
7. Name and Address of Current Registered Agent					
Name Chief Financial Officer					
Street Address (P.O. Box Number is Not Acceptable) 200 E. Gaines Street					
Suite, Apt. #, Etc. PO BOX 6200 (32314-6200)					
City Tallahassee				State FL	Zip Code 32399-0000
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0305 or 617.0303, F.S.					
Signature of Registered Agent				Michael J. Mitchell Assistant Secretary Date 10/16/07	
9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
DPCO	Thomas F. Moramed	3 Mountain View Rd.		Warren, NJ 07059	
Dir	John C. Bidwell	15 Mountain View Rd.		Warren, NJ 07061	
VPD	Andrew W. Mascon	15 Mountain View Rd.		Warren, NJ 07059	
Dir	Joel D. Aronchick	15 Mountain View Rd.		Warren, NJ 07059	
VPD	Brian W. Barnes	15 Mountain View Rd.		Warren, NJ 07059	
Dir	Harold L. Morrison, Jr.	15 Mountain View Rd.		Warren, NJ 07059	
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 118, 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: 				10-12-07 (902) 903-3841 DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

REINSTATEMENT

1007

CR2E081 (1/07)

The reinstatement fee is imposed, except in 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.

RH

Florida Department of State
Division of Corporations
Public Access System

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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

VIGILANT INSURANCE COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	-\$750.00

\$150.00

Penalty fee Waived

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