

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS **FORM** AND FILED

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

96 OCT -4 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **838468**

1. Corporation Name
LINCOLN MEMORIAL LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address
P.O. BOX 160163 P.O. BOX 160163
AUSTIN TX 78716 AUSTIN TX 78716



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/24/1977	
City & State		City & State		5. FEI Number	
Zip		Country		74-2552026	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$6.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
TSVD	CAPPLEMAN, L.J.	110 WILD BASIN RD. #370	AUSTIN TX
PD	CASSITY, JAMES T NICHOLAS M. POWLING	110 WILD BASIN RD., #370	AUSTIN TX
VD	SUTTON, RANDALL K.	110 WILD BASIN RD. #370	AUSTIN TX
VD	GUSDORF, JEFFREY O	110 WILD BASIN RD. #370	AUSTIN TX
D	STEVENS, JEFFREY ALLEN JAMES T. CASSITY	110 WILD BASIN RD. #370	AUSTIN TX
VD	PROVINCE, NEKOL	110 WILD BASIN RD. #370	AUSTIN TX

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32304		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		600001977906--9	
		Suite, Apt. #, Etc.	
		-10/17/96--01002--001	
		City	
		***200.00 State Zip Code	
		FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: *[Signature]* L.J. Capplem on 9-19-94 (512) 328-0075
Date Daytime Phone #

LINCOLN MEMORIAL LIFE INSURANCE COMPANY

POST OFFICE BOX 160163
(512) 328-0786

AUSTIN, TEXAS 78716
FAX (512) 328-0072

October 3, 1996

Florida Department of State
Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

Attn: Sean Toner

Re: 1996 Corporation Filing Fee - 74-2552026

Dear Mr. Toner:

As discussed in our previous conversation regarding the missing filing fee, I was able to determine that the check for \$200.00 was somehow deposited by another state entity and has since been refunded to us. I am, therefore, enclosing a replacement check for the one originally issued on February 23, 1996, and request that we be reinstated without any additional fees. You will recall that I enclosed the Application for Reinstatement in my previous correspondence which you indicated would be used in place of the Annual Report.

Thank you for your assistance in this matter. I look forward to hearing from you when this has been resolved.

Sincerely,



Tracy Latzko
Manager, Accounting

Enclosure