

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

096 NOV -4 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 853453

1. Corporation Name

VANLINER INSURANCE COMPANY

Principal Place of Business

2029 N. 44TH STREET
120
PHOENIX AZ 85018
US

Mailing Address

ONE UNITED DRIVE
N/A
FENTON MO 63026
US

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/14/1982

5. FEI Number

86-0114294

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	GOLDER, MORTON I.	ONE UNITED DR.	FENTON MO
VP	LUEPKE, THOMAS	ONE UNITED DR.	FENTON MO
VP	PRESTON, GALE D.	ONE UNITED DR.	FENTON MO
D	MCCOLLISTER, H. DANIEL	ONE UNITED DR.	FENTON MO
D	SPRINGER, CLYDE	ONE UNITED DR.	FENTON MO
D	MCDANIEL, CHARLES	ONE UNITED DR.	FENTON MO

8. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITAL BUILDING
TALLAHASSEE FLORIDA FL 32301

9. Name and Address of New Registered Agent

Name 200002001142--3
Street Address (P.O. Box Number is Not Allowed) 200002001142--3
Suite, Apt. #, Etc. ***383.75 ***383.75
City 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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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)(l), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GALE D. PRESTON

09/17/96

Date

314-349-3902

Daytime Phone #