

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
CORPORATIONS

00 OCT - 9 AM 9:43

DOCUMENT # 846082

1. Corporation Name

CONTINENTAL GENERAL INSURANCE COMPANY

2. Principal Office Address

8901 Indian Hills Drive

Suite, Apt. #, etc.

City & State

Omaha, NE

Zip

68114

Country

USA

3. Mailing Office Address

8901 Indian Hills Drive

Suite, Apt. #, etc.

City & State

Omaha, NE

Zip

68114

Country

USA

REINSTATEMENT

00

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

05-28-80

5. FEI Number

47-0463747

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

Insurance Commissioner of Florida

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

The Capitol Building

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

600003427716-4

10/17/00 01070-001

****750.00 ****750.00

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

REGISTERED AGENT MUST SIGN

Date

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
P	Mark Nielsen	8901 Indian Hills Drive	Omaha, NE 68114
VP	Lonnie M. Graul	8901 Indian Hills Drive	Omaha, NE 68114
S	Linda Standish	17800 Royalton Rd	Strongsville, OH 44136
T	Larry Wharton	17800 Royalton Rd	Strongsville, OH 44136
			AD

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: Charles E. Real

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-06-00

Date

(402) 952-4735

Daytime Phone #

CFR2081 (9/99)

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4004

From:

Account Name : BLALOCK, LANDERS, WALTERS AND VOGLER, P.A.
Account Number : 076666003611
Phone : (941) 748-0100
Fax Number : (941) 745-2093

CORPORATION REINSTATEMENT**PTG SERVICES, INC.**

Certificate of Status	1
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