

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 801165
1. Corporation Name
AIU INSURANCE COMPANY

2. Principal Office Address
70 PINE STREET
Suite, Apt. #, etc.

3. Mailing Office Address
70 PINE STREET
Suite, Apt. #, etc.
30th FLOOR

City & State
NEW YORK, NY

City & State
NEW YORK, NY

Zip
10270

Country
USA

Zip
10270

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida July 3, 1919

5. FEI Number
13-5303710

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **SB (S) Additional fees 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

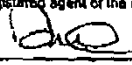
Suite, Apt. #, Etc.

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  **Date** **12/07/05**

REGISTERED AGENT MUST SIGN **DAVID W. NICKELSEN, ASST VP**

9. Names and Street Addresses 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
COB/P/D	Kristian P. Moor	175 Water Street	New York, NY 10038
VP/D	Win J. Neuger	70 Pine Street	New York, NY 10270
D	Ernest T. Patrikis	70 Pine Street	New York, NY 10270
SVP	Charles R. Schader	70 Pine Street	New York, NY 10270
SVP/T/D	Robert S. Schimek	175 Water Street	New York, NY 10038
S	Elizabeth M. Tuck	70 Pine Street	New York, NY 10270

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)(D), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Elizabeth M. Tuck**

Date **12/07/05** **(212)770-7000**

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850) 205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

AIU INSURANCE COMPANY

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$1,800.00

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