PS 182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

AND FILED

01 AUG 23 AM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 814006

1. Corporation Name

Freedom Life Insurance Company of America

2. Principal Office Address		**3.** Mailing Office Address	
110 West 7th Street		110 West 7th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 300		Suite 300	
City & State		City & State	
Fort Worth, Texas		Fort Worth, Texas	
Zip	Country	Zip	Country
76102	United States	76102	United States

4. Date Incorporated or Qualified To Do Business in Florida: 11-02-59

5. FEI Number: 61-1096685 ☐ 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: C T Corporation System

700004563507--8
-08/30/01--01024--012
******8.75 ****8.75

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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: Connie Bryan Connie Bryan Special Asst. Sec. Date: 8-23-01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
	See Attached		700004563507--8 -08/30/01--01024--013 ***1350.00 ***1350.00
			REINSTATEMENT 97-01

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: - Patrick H. O'Neill August 17, 2001 817/878-3316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MW

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Freedom Life Insurance Company of America

( ) Profit ( ) Nonprofit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution/Withdrawal (✓) Reinstatement	( ) Mark
( ) Limited Partnership ( ) LLC	( ) Annual Report ( ) Name Registration	( ) Other ( ) Change of RA
( ) Certified Copy	( ) Fictitious Name ( ) Photocopies	( ) UCC (✓) CUS
( ) Call When Ready (x) Walk-In ( ) Mail Out	( ) Call If Problem ( ) Will Wait	( ) After 4:30 (x) Pick Up

RECEIVED
2001 AUG 23 PM 3:31
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ACKNOWLEDGED
SUFFICIENCY OF FILING

Name Availability _____
Document Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

8/23/01

MB

Order#: 4736984

Ref#: _____

Amount: $_____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615