

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 OCT 31 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **819105**

1. Corporation Name

AMERICAN SUMMIT INSURANCE COMPANY

Principal Place of Business

Mailing Address

1111 ASHWORTH ROAD
WEST DES MOINES IA 50265
US

1111 ASHWORTH ROAD
WEST DES MOINES IA 50265
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

PO Box 2650

Waco, Texas

76702-2650

United states

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/1965

5. FEI Number

41-0776214

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2001

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDC DC	MURPHY, JAMES E.	4656 E. FOOTHILL DRIVE	PARADISE VALLEY AZ
VPD PD	MURPHY, JOHN F. Gregory D. Vanek	1111 ASHWORTH RD 3030 Bosque Ridge	WEST DES MOINES IA 50265 Crawford, Tx 76638
TDS	LIMBERG, KENNETH J. William Charles Stanton	10492 N. 7TH PLACE 9907 Sandalwood	PHOENIX AZ Waco, TX 76712
D	BLANCHARD, JON W.	25 NORMAN RIDGE DR.	BLOOMINGTON MN
SD	MURPHY, JAMES L.	9639 WYOMING CIRCLE	BLOOMINGTON MN
D V	DIVINE, ROBERT L	3413 E BURNSVILLE PKWY	BURNSVILLE MN

8. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
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.

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****750.00 ****750.00

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED
Gregory D. Vanek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-24-01

254-756-5531

V John Pleskovitch 21631 Nth 45th Phoenix, Az 85050
V Erica Bowsher 4411 N. 28th Pl Phoenix, Az 85016
VD Richard Murphy 4610 N 68th #422 Scottsdale, Az
D Charles Clifton Robinson 815 Forest Oaks Waco, Tx 76712
D Gordon B. Robinson 2121 Ridgewood Waco, Tx 76710
D Carl D. Kirk 1009 Prairie Lane McGregor, Tx 76657

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