

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

DOCUMENT # 820473

1. Corporation Name

PRUDENTIAL SELECT LIFE INSURANCE COMPANY OF AMERICA

Principal Place of Business

Mailing Address

213 WASHINGTON STREET
6TH FLOOR
NEWARK NJ 07102-2992

213 WASHINGTON STREET 8
6TH FLOOR 8th Floor - TAX Dept
NEWARK NJ 07102-2992 07102



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

4. Date Incorporated or Qualified To Do Business in Florida

05/23/1967

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

41-1760577

Not Applicable

Zip

Country

Zip

Country

07102

USA

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

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	City / State / Zip
1	2	3	4
CD	SCOTT, GREGORY W	56 LIVINGSTON AVE.	ROSELAND NJ 07068
CID	Avery Jr. James J.	213 Washington Street	Newark, NJ 07102
I	BROWN LEE, JOANNE	56 LIVINGSTON AVE.	ROSELAND NJ 07068
D	Belson, Ronald P.	751 Broad St.	Newark, NJ 07102
D	SCHNUCKLE, SCOTT	56 LIVINGSTON AVE.	ROSELAND NJ 07068
D	Kleinman, Ira J.	751 Broad St.	Newark, NJ 07102
D	BAIRD, EDWARD	56 LIVINGSTON AVE.	ROSELAND NJ 07068
PD	Milnes, Esther	213 Washington St.	Newark, NJ 07102
PD	SHULMAN, STEVEN	56 LIVINGSTON AVE.	ROSELAND NJ 07068
D	Price, T. Edward	213 Washington St.	Newark, NJ 07102
D	HIRSCHBERG, ALAN	56 LIVINGSTON AVE.	ROSELAND NJ 07068
D	Odenath, David R.	751 Broad St.	Newark, NJ 07102

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

Address (Do not use P.O. Box number is Not Acceptable)

Suite, Apt. #, Etc.

300003474819--5

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

Tal Sack

Date 11/20/00

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:

Clifford K. ... Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/00

Date

973-862-7333

Daytime Phone #

CR2E040 (8/00)



ACCOUNT NO. : 072100000032

REFERENCE : 905231 7175271

AUTHORIZATION :

COST LIMIT : \$ 750.00

ORDER DATE : November 20, 2000

ORDER TIME : 1:25 PM

ORDER NO. : 905231-005

CUSTOMER NO: 7175271

CUSTOMER: Ms. Lydia Lourenco
THE PRUDENTIAL INSURANCE
THE PRUDENTIAL INSURANCE
Tax Department
213 Washington Street, 8th Fl.
Newark, NJ 07102

DOMESTIC FILING

NAME: PRUDENTIAL SELECT LIFE
INSURANCE COMPANY OF AMERICA

EFFECTIVE DATE:

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS: _____

RECEIVED
DEPT. OF STATE
DIVISION OF LICENSATIONS
00 NOV 22 PM 1:58
TO BE RETURNED
TO AGENCY
SUFFICIENCY OF FILINGS