

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 NOV 26 AM 9:42

DOCUMENT # **845418**

1. Corporation Name

**REPUBLIC WESTERN INSURANCE COMPANY**

Principal Place of Business

Mailing Address

2721 NORTH CENTRAL  
PHOENIX AZ 85004

2721 NORTH CENTRAL  
PHOENIX AZ 85004



**REINSTATEMENT**

01

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

03/06/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

86-0274508

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDC	<del>GRAY, RONALD D</del> RICHARD AMOROSO	2721 N. CENTRAL AVE.	PHOENIX AZ 85004
D	SHOEN, EDWARD J	2721 NORTH CENTRAL	PHOENIX AZ 85004
D	<del>BROOKHAGEN, BRUCE G</del> GARY HORTON	2721 N CENTRAL AVE	PHOENIX AZ 85004
D	MURNEY, DONALD W	2721 NORTH CENTRAL	PHOENIX, AZ 85004
T	<del>SPEARS, KRISTIN N</del> John Taylor	2721 NORTH CENTRAL	PHOENIX AZ 85004
D	<del>MARTIN, HENRY E</del> EVORZA BARRONS	2721 N. CENTRAL	PHOENIX AZ 85004

8. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF FLORIDA  
CAPITOL BUILDING  
TALLAHASSEE FL 32301

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)