

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC -8 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **846027**

1. Corporation Name

CITIZENS INSURANCE COMPANY OF AMERICA

Principal Place of Business

400 E ANDERSON LANE
AUSTIN TX 78752
US

Mailing Address

PO BOX 149151
AUSTIN TX 78714-9151
US



REINSTATEMENT

98
ad

If above addresses are incorrect in any way, line through incorrect information and enter correct

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/19/1980

5. FEI Number

84-0583103

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VD	DOLLAR, ROBY	400 EAST ANDERSON LANE	AUSTIN TX
CD	RILEY, HAROLD	400 EAST ANDERSON LANE	AUSTIN TX
VD	RILEY, RICK D	400 EAST ANDERSON LANE	AUSTIN TX
VSTD PD	OLIVER, MARK A	400 EAST ANDERSON LANE	AUSTIN TX
V	MORRIS, SARAH	400 EAST ANDERSON LANE	AUSTIN TX
VPT	BARNHILL, WILLIAM P	400 E ANDERSON LANE	AUSTIN TX

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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

6000002708126-8

-12/09/98-01115-003

****758 75 ****758 75

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

David B. Bickel
REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/8/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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)(f), 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:

Walter Oliver, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/30/99 (512)837-7100

Daytime Phone #