

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 18 AM 11:06

DOCUMENT # 846027

1. Corporation Name

CITIZENS INSURANCE COMPANY OF AMERICA

SECRETARY OF STATE  
TALLAHASSEE FL 32301-3

Principal Place of Business

Mailing Address

400 E ANDERSON LANE  
AUSTIN TX 78752  
US

PO BOX 149151  
AUSTIN TX 78714-9151  
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/19/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

84-0583103

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
VB VSDT	DOLLAR, ROBY WOOD, JEFF	400 EAST ANDERSON LANE	AUSTIN TX
GD D	RILEY, HAROLD	400 EAST ANDERSON LANE	AUSTIN TX
VB PD	RILEY, RICK D	400 EAST ANDERSON LANE	AUSTIN TX
PD D	OLIVER, MARK A	400 EAST ANDERSON LANE	AUSTIN TX
V	MORRIS, SARAH HIRSCH, JETT	400 EAST ANDERSON LANE	AUSTIN TX
VPT V	BARNHILL, WILLIAM P BUCHWEITZ, MICHAEL	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

State  
FL

Zip Code

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/18/00

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.

KE

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/00  
Date

512-837-7100  
Daytime Phone #

CR2E040 (8/00)

20F2



ACCOUNT NO. : 072100000032

REFERENCE : 867004 7137248

AUTHORIZATION :

*Patricia Poynt*

COST LIMIT : \$ 758.75

ORDER DATE : October 17, 2000

ORDER TIME : 11:46 AM

ORDER NO. : 867004-005

CUSTOMER NO: 7137248

CUSTOMER: Mr. Mark Thornton  
CITIZENS, INC.  
CITIZENS, INC.  
Suite 627  
400 East Anderson  
Austin, TX 78752

FOREIGN FILING

NAME: CITIZENS INSURANCE COMPANY  
OF AMERICA

EFFECTIVE DATE:

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
00 OCT 18 PM 12:53  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE AFFAIRS  
TALLAHASSEE, FLORIDA