

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

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

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

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VSDT V/T	WOOD, JEFF Jeff Wood	400 EAST ANDERSON LANE	AUSTIN TX
D	RILEY, HAROLD	400 EAST ANDERSON LANE	AUSTIN TX
PD C	RILEY, RICK D	400 EAST ANDERSON LANE	AUSTIN TX
D	OLIVER, MARK A	400 EAST ANDERSON LANE	AUSTIN TX
V	HIRSCH, JETT	400 EAST ANDERSON LANE	AUSTIN TX
V S	BUCHWEITZ, MICHAEL Emmons, Marcia F.	400 E ANDERSON LANE 400 E. Anderson Lane	AUSTIN TX 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

CR2ED40 (8/02)

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. or 617.0505, F.S.

900008843479

Signature of
Registered Agent

Deborah D Skipper
Deborah D Skipper
Asst. V. Pres.

Date

11/6/02

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:

Deborah D Skipper
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/07/02

Date

(512) 837-7100

Daytime Phone #



287

ACCOUNT NO. : 072100000032

REFERENCE : 810305 7356328

AUTHORIZATION

Patricia Pigeto

COST LIMIT : \$ 750.00

ORDER DATE : November 6, 2002

ORDER TIME : 2:01 PM

ORDER NO. : 810305-005

CUSTOMER NO: 7356328

CUSTOMER: Ms. Amy E. Dalton
Citizens Insurance Company Of
400 E. Anderson Lane

Austin, TX 78752

REINSTATEMENT

NAME: CITIZENS INSURANCE COMPANY OF
AMERICA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____

RECEIVED
02 NOV -6 PM 4:01
DIVISION OF CORPORATION