APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT

846027

CITIZENS INSURANCE COMPANY OF AMERICA

Principal Place of Business

Mailing Address

400 E ANDERSON LANE

1. Corporation Name

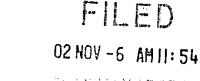
AUSTIN TX 78752 US

PO BOX 149151

AUSTIN TX 78714-9151

US

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





2. New Pri	incipal Office /	Address, If Applicable	3. New Mai	New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 05/19/1980		
Suite, Apt. #, etc. Suite, A			Suite, Apt. #	, Apt. #, etc. & State		5. FEI Numbe	ır.		
City & State City			City & State			84-0583103 Applied For Not Applicable			
Zip Country			Zip	Zip Coun		6. CERTIFICATI	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer ar	nd/or Director (Flo	orida nonprofi	t 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		
VODT VIT	WOOD, JEFF Teff 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		
٧	HIRSCH, JETT			400 EAST ANDERSON LANE			AUSTIN TX		
٧ چ _ا	BUCHWEITZ, MICHAEL Emmons, Marcia F.			400 E ANDERSON LANE 400 E. Anderson Lane		e.	AUSTIN TX Austin TX		
		e and Address of Currer	t Registered Age			Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY					Name				
1201 HAYS STREET					Street Address	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #. Etc.			
TALLAHASSEE FL 32301				Suite, Apt. #, Etc.					
					City	7, 12		State 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. or 617.0505, F.S.

900008843479

11/6/02

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 filling 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.



ACCOUNT NO. : 072100000032

REFERENCE :_ 810305_

7356328

AUTHORIZATION

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