

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # 846228

1. Corporation Name

CENTRAL UNITED LIFE INSURANCE COMPANY

03 OCT 17 PM 3: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2727 ALLEN PKWY.
WORTHAM TOWER 64TH FL
HOUSTON TX 77019
US

2727 ALLEN PARKWAY
WORTHAM TOWER 6TH FL
HOUSTON TX 77019
US

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

2. New Principal Office Address, If Applicable

10700 Northwest Freeway
Suite, Apt. #, etc 3rd Floor

3. New Mailing Office Address, If Applicable

10700 Northwest Freeway
Suite, Apt. #, etc 3rd Floor

City & State
Houston TX

City & State
Houston TX

Zip 77092 Country USA

Zip 77092 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/16/1980

5. FEI Number

42-0884060

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
DPT	GEORGE, DANIEL J	2727 ALLEN PARKWAY, 6TH FLR Suite 500	HOUSTON TX 77019
D	OLDHAM, DALE	2727 ALLEN PARKWAY, 6TH FL Suite 500	HOUSTON TX 77019
D	POOL, DOUGLAS S	2727 ALLEN PARKWAY, 6TH FLR Suite 500	HOUSTON TX 77019
DC	HARRIS, DAVID W	2727 ALLEN PKWY, 6TH FL Suite 500	HOUSTON TX
DSV	RAINEY, MARY LOU	2727 ALLEN PKWY 6TH FL 10700 Northwest Freeway, 3rd floor	HOUSTON TX 77019 77092
CEO	HARRIS, DAVID W	2727 ALLEN PARKWAY, 6TH FLR Suite 500 Allen	HOUSTON TX 77019

8. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE FL 32399

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt.

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

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:

Mary Lou Rainey MARY LOU RAINEY 10/12/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

713 8216448

CR2E040 (7/03)

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CENTRAL UNITED LIFE

October 12, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Notice of Administrative Dissolution or Revocation

Dear Sir or Madam:

Enclose please find our Application for Reinstatement of our corporation and our \$150 check. We respectfully request that you allow us to file the Application without penalty because the prior UBR notices were never received by our office.

Please let me know if you are in need of any additional information. Thank you for your cooperation and assistance.

Sincerely,



Mary Lou Rainey
Corporate Counsel
Vice President