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FILED

2008 MAY - 1 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 850328 1. Corporation Name Nationwide Property and Casualty Insurance Company			
2. Principal Office Address - No P.O. Box # One Nationwide Plaza Suite, Apt. #, etc. City & State Columbus, OH Zip 43215		3. Mailing Office Address One Nationwide Plaza (1-35-19) Suite, Apt. #, etc. City & State Columbus, OH Zip 43215	
7. Name and Address of Current Registered Agent Name C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent <i>Carol Record</i> REGISTERED AGENT MUST SIGN Carol Record Assistant Secretary Date 4/30/2008			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	KIRT A. WOLKER	ONE NATIONWIDE PLAZA	COLUMBUS, OH 43215
Treas	HARRY H. HALLOWELL	ONE NATIONWIDE PLAZA	COLUMBUS, OH 43215
Sec	ROBERT W. HORNER, III	ONE NATIONWIDE PLAZA	COLUMBUS, OH 43215
Dir	J. LYNN GREENSTEIN	ONE NATIONWIDE PLAZA	COLUMBUS, OH 43215
Dir	DAVID R. JAHN	ONE NATIONWIDE PLAZA	COLUMBUS, OH 43215
Dir	KATHERINE A. MABE	ONE NATIONWIDE PLAZA	COLUMBUS, OH 43215
10. I certify that I am an officer or director of the register 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 contained in Chapter 119, 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 <i>Robert W. Horner, III</i> SIGNATURE AND TYPE OR PRINTED NAME OF F. SIGNING OFFICER OR DIRECTOR		ROBERT W. HORNER, III Date 4/30/08 Daytime Phone # 614-249-7111	

REINSTATEMENT
CR2E08T(12/07) 05-08

4. Date incorporated or Qualified To Do Business in Florida 09/11/1981

5. FEI Number 310970750 Applied For Not Applies

6. CERTIFICATE OF STATUS DESIRED ☐ \$5.75 Additional Fee for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

B. Mitchell MAY 1 2008

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Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850) 617-6384

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CORPORATION REINSTATEMENT

NATIONWIDE PROPERTY AND CASUALTY INSURANCE COMPANY

Certificate of Status	0
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