

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT

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

DOCUMENT # F00000007042

1. Corporation Name

PREFERRED NATIONAL INSURANCE COMPANY

Principal Place of Business

Mailing Address

9201 FOREST HILL AVENUE, SUITE #200
RICHMOND VA 23225

9201 FOREST HILL AVENUE, SUITE #200
RICHMOND VA 23225

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0075940

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	LATHAM, JOHN K	9201 FOREST HILL AVENUE, SUITE #	RICHMOND VA 23235
V, S	DESCH, EDWARD	9201 FOREST HILL AVENUE, SUITE #	RICHMOND VA 23235
SD D	ABRAM, J. ADAM mark E. Watson III	3201 SLATER ROAD, SUITE #110 10101 Reunion Place, Suite 800	MORRISVILLE NO 27500 San Antonio, TX 78216
TD	DAVID, GREGG T mark w. Haushill	3201 SLATER ROAD, SUITE #110 10101 Reunion Place, Suite 800	MORRISVILLE NO 27500 San Antonio, TX 78216
D	YEDINY, JOHN	654 MAIN STREET	ROCKWOOD PA 15557
V	Earhart, Steven P.	9201 Forest Hill Ave., Suite 200	Richmond, VA 23235

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399

Name

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

900004706409--3

Suite, Apt. #, Etc.

12/05/01-01057-004
****150.00 ****150.00

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-18-01 804-327-1759



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Memo

TO: FLORIDA DEPARMENT OF STATE - MARQUITTA WILLIAMS
FROM: ELIZABETH BARCO
SUBJECT: PREFERRED NATIONAL INSURANCE COMPANY – REF. NUMBER F00000007042
DATE: 11/14/01
CC:

Message: Please note that we never received a Uniform Business Report for PNIC a foreign company licensed in your state. We were completely unaware of the requirement to file this report until we received a notice of delinquency.