

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 14 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000000462

1. Corporation Name

NATIONAL WARRANTY INSURANCE RISK RETENTION COMPAN
Y

Principal Place of Business

7407 "O" STREET
LINCOLN NE 68510

Mailing Address

7407 "O" STREET
LINCOLN NE 68510

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.
5201 "R" STREET

City & State
LINCOLN NE

Zip
68504

Country
U.S.A.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
5201 "R" STREET

City & State
LINCOLN NE

Zip
68504

Country
U.S.A.



REINSTATEMENT

02

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/2001

5. FEI Number

98-0074731

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCDT	ERWAY, DONALD G	7407 "O" STREET	LINCOLN NE
VD	COSTIN, DENNIS J	7407 "O" STREET	LINCOLN NE
D	GILBERT, JERRY	7407 "O" STREET	LINCOLN NE
S	KAHLER, NEVA	7407 "O" STREET	LINCOLN NE

8. Name and Address of Current Registered Agent

DRYDEN, HENRY
4039 SOUTHWELL WAY
SARASOTA FL 34241

9. Name and Address of New Registered Agent

Name
Butler, Pappas, Wehnenhler, Kate Cary
Street Address (P.O. Box Number is Not Acceptable)
6200 Courtney Campbell Causeway Suite 1100
Suite, Apt. #, Etc.
City
Tampa
State
FL
Zip Code
33607

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
REGISTERED AGENT MUST SIGN

Date 11/4/02

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 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 of Dennis J. Costin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dennis J. Costin
Director

Date 11/7/02
Daytime Phone # 402-325-2500

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ATTORNEY AT LAW

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