

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT #

F94000004466

1. Corporation Name

SECOND INSURANCE AGENCY, INC.

Principal Place of Business

250 Carpenter Freeway  
Irving, TX 75062

Mailing Address

Attn: Corporate Tax Dept  
P O Box 660237  
Dallas, TX 75266-0237

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*[Handwritten mark]*

REINSTATEMENT 98-99

4. Date Incorporated or Qualified  
To Do Business in Florida

8/26/1994

5. FEI Number

61-0859676

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Dir	David A. Brooks	250 Carpenter Frwy	Irving, TX 75062
Dir/Pres	Atul Vohra	"	"
Dir	Mark J. Morrison	"	900003053369--0 11/23/99--01069--010 ****900.00 ****900.00
AVP/ASec	Patrick J. Greene	"	"
Treas	John F. Hughes	"	"
Sec	Frederic C. Liskow	"	"

8. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System, Inc.  
1201 Hay Street Suite 105  
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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

*[Handwritten Signature]*

Kristen Brack  
REGISTERED AGENT MUST SIGN

Date 11/9/99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK J. GREENE  
ASS'T VICE PRESIDENT  
& ASS'T SECRETARY

11/08/99  
Date

(972) 652-6277  
Daytime Phone #

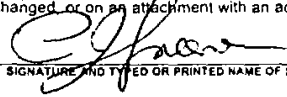
CR2E061 (12/98)

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12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy W. Bellows	1.2 NAME	
STREET ADDRESS	250 Carpenter Freeway	1.3 STREET ADDRESS	
CITY-ST-ZIP	Irving, TX 75062	1.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald R. Misner, Jr.	2.2 NAME	
STREET ADDRESS	250 Carpenter Freeway	2.3 STREET ADDRESS	
CITY-ST-ZIP	Irving TX 75062	2.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael C. Rosentraub	3.2 NAME	
STREET ADDRESS	250 Carpenter Freeway	3.3 STREET ADDRESS	
CITY-ST-ZIP	Irving TX 75062	3.4 CITY-ST-ZIP	
TITLE	Asst. VP & Asst. Secretary <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patrick J. Greene	4.2 NAME	
STREET ADDRESS	250 Carpenter Freeway	4.3 STREET ADDRESS	
CITY-ST-ZIP	Irving TX 75062	4.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frederic C. Liskow	5.2 NAME	
STREET ADDRESS	250 Carpenter Freeway	5.3 STREET ADDRESS	
CITY-ST-ZIP	Irving TX 75062	5.4 CITY-ST-ZIP	
TITLE	Exec. VP & Treasurer <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John F. Hughes	6.2 NAME	
STREET ADDRESS	250 Carpenter Freeway	6.3 STREET ADDRESS	
CITY-ST-ZIP	Irving TX 75062	6.4 CITY-ST-ZIP	

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  PATRICK J. GREENE  
ASS'T VICE PRESIDENT 4/21/99 (972) 652-4761  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #