

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 20 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000000011

1. Corporation Name

ST. PAUL RE, INC.

2. Principal Office Address

195 Broadway

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10007

Country

USA

3. Mailing Office Address

385 Washington Street

Suite, Apt. #, etc.

Mail Code 515A

City & State

St. Paul, MN

Zip

55102

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/03/1995

5. FEI Number

135060567

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

by: Margaret Ake, Asst. Secretary
REGISTERED AGENT MUST SIGN

Date

4-19-2004

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Jay S. Fishman	385 Washington Street	St. Paul, MN 55102
PD	W. Mark Wigmore	385 Washington Street	St. Paul, MN 55102
D	Timothy M. Yessman	385 Washington Street	St. Paul, MN 55102
S	Bruce A. Backberg	385 Washington Street	St. Paul, MN 55102
T	Paul H. McDonough	385 Washington Street	St. Paul, MN 55102

10. 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:

Bruce A. Backberg

Bruce A. Backberg

April 15, 2004

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

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BS