

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV -5 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000001630**

1. Corporation Name

TRI-MERICA SECURITIES CORPORATION

Principal Place of Business

1206 MULBERRY
DES MOINES IA 50309

Mailing Address

1206 MULBERRY
DES MOINES IA 50309

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/04/1995

5. FEI Number

42-1206074

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	SCHERRMAN, MICHAEL E	1206 MULBERRY	DES MOINES IA 50309
V	HALFERTY, KATHY	1206 MULBERRY	DES MOINES IA 50309
TAS	PRIBYL, BRIAN	1206 MULBERRY	DES MOINES IA 50309
VSD	FAIR, NORMAN	1206 MULBERRY	DES MOINES IA 50309
D	GLEESON, SHANE	1206 MULBERRY	DES MOINES IA 50309
D	BUTKIEWICZ, RON	1206 MULBERRY	DES MOINES IA 50309

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

800002341958--5

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

11/07/97-01102--007
****165.00 ****165.00

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 *Delorah W. Skipper, as agent*

Date 10-31-97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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)(f), 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:

Kathy Skiffington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-4-97

Date

515-282-4039

Daytime Phone #

CR2E040 (8/97)