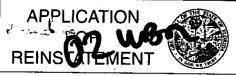
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS**

F95000004103 **DOCUMENT #**

1. Corporation Name

LEXINGTON NATIONAL INSURANCE CORPORATION

Principal Place of Business

Mailing Address

214 EAST LEXINGTON STREET BALTIMORE MD 21202

214 EAST LEXINGTON STREET BALTIMORE MD 21202

FILED

02 OCT 28 PM 12: 48

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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If above	addresses are incorrect in any way, line t	hrough incorrect	information and en	ter correction below.				
New Principal Office Address, If Applicable 3. New Mai		ling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 08/24/1995				
Suite, Apt. #, etc. Suit		Suite, Apt. #	Suite, Apt. #, etc.		5 EE Number			
City & State City & Sta			в		52-1662720 Applied For			
Zip	Country	Zip	Cou	intry	6. CERTIFICATI	E OF STATUS DESIRED 58.7	Additional Fe	e required
7. Names	and Street Addresses of Each Officer and	d/or Director (Flo	orida nonprofit corp	orations must list at lea	ast 3 directors)			<u> </u>
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director City / State / Zip		e / Zip		
CP	FRANK, BRIAN J		214 EAST LEXINGTON STREET			BALTIMORE MD 21202		
_D	FENNELL, LORENZO B		7 EAST REDWOOD ST., STE. 1800		BALTIMORE MD 21202			
VD	FRANK, PHYLLIS K		214 EAST LEXINGTON STREET		BALTIMORE MD 21202			
S	SLATER, LISA R.		214 EAST LEXINGTON STREET		BALTIMORE MD 21202			
TD	FRANK, RONALD A	214 EAST LEXINGTON STREET		BALTIMORE MD 21202				
	see attached Continu	ation She	et			10/01/20		
8. Name and Address of Current Registered Agent					9. Name and Address on New Registered Agent			
INSURANCE COMMISSIONER								
CAPITO)L		Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32399-0300				Suite, Apt. #, Etc.				
				City	76	State	Zip Code	
to. I, being	appointed the registered agent of the abo	ove named corpo	ration, am familiar	with and accept the ob	ligations of Section		F.S.	
Signature of Registered A	gent SIGNA	TURE	REQU	JIRED		Date		
			ENT MUST SIGN			Date		
1. I certify t	hat I am an officer or director or the receitatement application, the reason for direct	ver or trustee em	powered to execut	e this application as pr	ovided for in chap	oter 607 or 617, F.S. I further ce	rtify that when	filing

olution 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:

Brian J. Frank SIGNATURE AND YPSO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/02 (410) 625-0800 Daylime Phone #

القريد المؤرجان أتام

CONTINUATION OF NUMBER 7, NAMES AND ADDRESSES OF EACH OFFICER AND/OR DIRECTOR

TITLE	NAME	STREET ADDRESS	CITY/STATE/ZIP
D	Harold I. Hackerman	100 South Charles Street, Suite 1300	Baltimore, MD 21201
D	Phyllis Jacob MacLuan	1227 62nd Street	Baltimore, MD 21237
D	Stewart Sachs	10811 Red Run Boulevard, Suite 200	Owings Mills, MD 21117
D	Richard Silberstein	2330 West Joppa Road, Suite 311	Lutherville, MD 21093
D	Sheldon Press	10 E. Baltimore Street	Baltimore, MD 21201

LEXINGTON NATIONAL

INSURANCE CORPORATION

214 EAST LEXINGTON STREET . BALTIMORE, MARYLAND 21202 (410) 625-0800 - IN MD (410) 625-0865 - FAX

(800) 951-BOND - TOLL FREE (888) 888-BAIL - TOLL FREE

October 24, 2002

Via Overnight Delivery

Florida Department of State **Division of Corporations** 409 East Gaines Street Tallahassee, Florida 32399

Re:

Application for Reinstatement

Dear Sir/Madam:

Enclosed is the Reinstatement Application for Lexington National Insurance Corporation and the filing fee of \$150.00. Our accountant, Eric Nislow, was advised that since the Florida Insurance Commissioner is the Registered Agent, his signature was not required on the Application for Reinstatement.

We have not received any UBR notices prior to this notice to which we are responding. Please waive the \$600.00 reinstatement fee.

Thank you for your anticipated cooperation.

Sincerely,

Brian J Frank,

President

BJF:vss Enclosure

Eric Nislow, CPA

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