

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT



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

FILED

02 OCT 28 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400008603674
10/28/02--01019--001 **150.00



DOCUMENT # F95000004103

1. Corporation Name

LEXINGTON NATIONAL INSURANCE CORPORATION

Principal Place of Business

214 EAST LEXINGTON STREET
BALTIMORE MD 21202

Mailing Address

214 EAST LEXINGTON STREET
BALTIMORE MD 21202

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/1995

5. FEI Number

52-1662720

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
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 Continuation Sheet			10/10/01

8. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2ED40 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02 (410) 625-0800
Date Daytime Phone #

**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 (800) 951-BOND - TOLL FREE
(410) 625-0865 - FAX (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

cc: Eric Nislow, CPA

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