

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 DEC -4 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **FE1000000409**

1. Corporation Name
Majestic Insurance Company

2. Principal Office Address - No P.O. Box # 2721 Citrus Road Suite, Apt. #, etc. Suite B City & State Rancho Cordova, CA Zip 95742		Country USA		3. Mailing Office Address 2721 Citrus Road Suite, Apt. #, etc. Suite B City & State Rancho Cordova, CA Zip 95742		Country USA	
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CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
March 19, 1996

5. FEI Number
95-3653107

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.

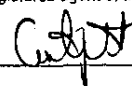
City
Tallahassee

State
FL

Zip Code
32301

300267139063

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  **Courtney Williams**
Asst. Vice President

Date **11/14/2014**

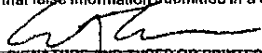
REGISTERED AGENT SIGNATURE

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
Pres	Albert R. Harris	2721 Citrus Road, Suite B	Rancho Cordova, CA 95742
Sec	Jerry L. Keenan	316 California Avenue, Suite 201	Reno, NV 89509
CFO	Artur Terner	2721 Citrus Road, Suite B	Rancho Cordova, CA 95742
REINSTATEMENT 2011-2014			

10. E-mail Address: aterner@greenpathinsurance.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:  **Artur Terner** **11/14/14** **916-503-6314**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 392036 7379443

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 1,200.00

ORDER DATE : November 25, 2014

ORDER TIME : 9:42 AM

ORDER NO. : 392036-030

CUSTOMER NO: 7379443

REINSTATEMENT

NAME: MAJESTIC INSURANCE COMPANY

STATE OF MISSISSIPPI
DEPARTMENT OF REVENUE
SUFFICIENCY OF FILING

2014 DEC -4 10:44:44

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____