

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 26 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000004412

1. Corporation Name

SUNAMERICA NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

1 SUNAMERICA CTR
CENTURY CITY
LOS ANGELES CA 90067-6022

1 SUNAMERICA CTR
CENTURY CITY
LOS ANGELES CA 90067-6022

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

ATTN: Virginia N. Puzon

Suite, Apt. #, etc.

1 SunAmerica Center, 37th Fl

**City & State
Los Angeles, CA**

**Zip
90067-6022**

Country

3. New Mailing Office Address, If Applicable

ATTN: Virginia N. Puzon

Suite, Apt. #, etc.

1 SunAmerica Center, 37th Fl

**City & State
Los Angeles, CA**

**Zip
90067-6022**

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/26/1996

5. FEI Number

86-0788099

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
DC	BROAD, ELI	1 SUNAMERICA CTR	LOS ANGELES CA 90067
CEO	BROAD, ELI	1 SUNAMERICA CTR	LOS ANGELES CA 90067
DP	BELARDI, JAMES R	1 SUNAMERICA CTR	LOS ANGELES CA 90067
COO	BELARDI, JAMES R	1 SUNAMERICA CTR	LOS ANGELES CA 90067
DV	WINTROB, JAY S	1 SUNAMERICA CTR	LOS ANGELES CA 90067
DS	HARRIS, SUSAN L	1 SUNAMERICA CTR	LOS ANGELES CA 90067
Asst. Sec.	Puzon, Virginia	1 SunAmerica Center	Los Angeles, CA 90067-6022

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

Zip Code

600003440106-1

FL

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

Virginia N. Puzon

SIGNATURE REQUIRED

Virginia N. Puzon

10/23/00
Date

(310) 772-6000
Daytime Phone #

CR2E040 (800)



DPH 2/2

ACCOUNT NO. : 072100000032

REFERENCE : 875690 4319383

AUTHORIZATION : *Patricia Pizante*

COST LIMIT : \$ 750.00

ORDER DATE : October 25, 2000

ORDER TIME : 10:0 AM

ORDER NO. : 875690-005

CUSTOMER NO: 4319383

CUSTOMER: Tan Dosunmu, Legal Asst
SUNAMERICA, INC.
SUNAMERICA, INC.
1 Sunamerica Center
Century City
Los Angeles, CA 90067

DOMESTIC FILING

NAME: SUNAMERICA NATIONAL LIFE
INSURANCE COMPANY

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133
EXAMINER'S INITIALS:

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
00 OCT 26 AM 10:47
NOT RECORDED
TO AGENCY OF
SUFFICIENT
OF FILING