

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000003084

1. Corporation Name

PRINCETON INSURANCE COMPANY

Principal Place of Business

746 ALEXANDER RD.
PRINCETON NJ 08540

Mailing Address

746 ALEXANDER RD.
PRINCETON NJ 08540

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

06/13/1997

5. FEI Number

22-2386692

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 3	City / State / Zip 4
C	BROWN, BARRY D	1001 CHAMPLAIN DR. 5835 Elston Shore Rd.	VOORHEES NJ 08043 Newitt, MD 21652
P	SMITH, DONALD E	746 ALEXANDER RD.	PRINCETON NJ 08543
C	MCLAUGHLIN, KEITH H	530 NEW BRUNSWICK AVE.	PERTH AMBOY NJ 08861
S	PILLA, MARK D	90 HWY. 87 WEST 95 Old Short Hills Rd.	TOMS RIVER NJ 08755 West Orange, NJ 07052
T	SCHAUB, RICHARD F	134 HLAG DR. Rt. 28 + Lamington Rd.	ANNANDALE NJ 08801 North Branch, NJ 08876
PCEO	ATCHISON, KENNETH W	1100 PLEASANT VALLEY WAY 300 Executive Dr, Suite 225	WEST ORANGE NJ 07052

8. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

9. Name and Address of New Reg.

Name

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

Suite, Apt. #, Etc.

City

State

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

400003068494-4

12/13/99 01138-002

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, F.S. I further certify that all fees for 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald E. Smith, President

Nov. 11, 1999 (609) 452-9404

Date

Daytime Phone #

AD