## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

**DIVISION OF CORPORATIONS** 

**DOCUMENT #** 

1. Corporation Name

N29619

SENIOR CITIZENS MUTUAL INSURANCE COMPANY RISK R **ETENTION GROUP** 

Principal Place of Business

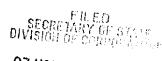
C/O LEIGH MCCREARY

5805 BLUE LAGOON DRIVE. SUITE 295

Mailing Address

5805 BLUE LAGOON DR

**SUITE 295** 



97 NOV -3 AM 8: 33

REINSTATEMENT 1997



WIAMI FL 33126-2032 US			MIAMI FL 33126-2032 US						
If above a	iddres <b>se</b> s are	incorrect in any way, line t	hrough incorrect i	information and	enter correction below.		4		
New Principal Office Address, If Applicable 3. New				Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida 12/08/1988			
Suite, Apt. #, etc.  City & State  Zip Country			Suite, Apt. #	Suite, Apt. #, etc.		6 FELM A			
			City & State		<del></del>	52-1459229 Papilled 1		Applied For Not Applicable	
			Zip Count		Country	- 6. CERTIFICATI	OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Names a	and Street Ad	dresses of Each Officer an	d/or Director (Fk	orida nonprofit c	orporations must list at le	east 3 directors)			
Title(s) Name of Officers and/or Directors 2				Street Address of Each Officer and/or Director (Do NO1' Use Post Office Box Numbers)		City / State / Zip			
PD	PRETE, GERALD J			829 \$ RIDGELAND AVE		OAK PARK IL			
DV ¿	FAIR, T. WILLARD			880 N.E. 69TH ST.			MIAMI FL		
TD	GUENTHER, HARRY			200 OCEAN LANE DRIVE, APT, 1105			KEY BISCAYNE F		
D	PIAZZA, JOHN			9536 DATE ST			FONTANA CA		
SD	SD REAVILL, MARY			RT. 4, BOX 281			VILLE PLATTE LA		
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
INSURANCE COMMISSIONER OF FLORIDA					Name	-11/06/9701107025			
THE CAPITOL BUILDING TALLAHASSEE FL 32301					Street Address (P.O. Box Number is Not Activities 25 . 25			5 ****236, <b>2</b> 5	
				Suite, Apt. #, Etc.  City  Stete Zip Code					
							Fi		
10. I, being Signature of Registered	4	e registered agent of the at	REGISTERED AC	6.7		obligations of Secti			
		ration owes or h Personal Prope				No 🗆	(See other s on inte	ide for information angible tax.)	
this reins owed by	statement app the corporati	dication, the reason for dis-	solution has been names of individ	eliminated, the luals listed on ti	corporate name satisfies his form do not qualify for	s the requirements r an exemption und	pter 607 or 617, F.S. I furth of section 607.0401 or 617. der section 119.07(3)(i), F.S	0401 FS that all foos	