

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV -3 AM 8:33

DOCUMENT # **N29619**

1. Corporation Name

SENIOR CITIZENS MUTUAL INSURANCE COMPANY RISK RETENTION GROUP

Principal Place of Business

Mailing Address

C/O LEIGH MCCREARY
5805 BLUE LAGOON DRIVE, SUITE 205
MIAMI FL 33126-2032
US

5805 BLUE LAGOON DR
SUITE 205
MIAMI FL 33126-2032
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/08/1988

5. FEI Number

52-1459229

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	PRETE, GERALD J	829 S 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	REAVILL, MARY	RT. 4, BOX 281	VILLE PLATTE LA

8. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

000002340800--8

-11/06/97--01107--025

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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]

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/97
Date

305-266-1719
Daytime Phone #

CR2E040 (8/97)