

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02217

1. Corporation Name

NATIONAL HERITAGE LIFE INSURANCE COMPANY

Principal Place of Business

950 S. WINTER PARK DRIVE
SUITE 200R
CASSELBERRY FL 32707

Mailing Address

950 S. WINTER PARK DRIVE
SUITE 200R
CASSELBERRY FL 32707

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

05/31/1984

5. FEI Number

57-0724251

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
DR	PICCOLI, GEORGE J.	841 SILVER LAKE BOULEVARD	DOVER DE
ADR	CRAIG, TERRY	841 SILVER LAKE BLVD	DOVER DE

000008636050

10/28/02--01112--023 **150.00

8. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8-02)



NATIONAL HERITAGE LIFE INSURANCE COMPANY

In Liquidation

950 S. Winter Park Drive • Suite 200 • Casselberry, FL 32707
(407) 767-7223

October 22, 2002

Dear Sir:

Please accept this letter as a statement that National Heritage Life Insurance Company never received prior notice of the uniform business report, (UBR).

Enclosed is the completed reinstatement form, as well as a check in the amount of \$150.00 for the filing fee.

Please feel free to contact me if you have any questions, or if you wish to discuss this matter further.

Sincerely,

A handwritten signature in black ink, appearing to read "TAC" or similar, written over the typed name.

Terry A. Craig
Asst. Deputy Receiver