

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 16 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05178

1. Corporation Name

Scottish Re (U.S.), Inc.

2. Principal Office Address

1209 Orange St.
Suite, Apt. #, etc.

City & State

Wilmington DE
Zip Country

19801-1120 USA

3. Mailing Office Address

15800 John J. Delaney Drive
Suite, Apt. #, etc.

City & State

Charlotte NC
Zip Country

28277 USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

March 4, 1985

5. FEI Number

23-2038295

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2004

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

100042766391
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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Allan Farnell, Assistant Vice

Date 10-29-04

REGISTERED AGENT MUST SIGN President

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	Michael C. French	15800 John J. Delaney Drive	Charlotte, NC - 28277
Director	Scott E. Willkomm	15800 John J. Delaney Drive	Charlotte, NC 28277
COB	Oscar R. Scofield	15800 John J. Delaney Drive	Charlotte, NC 28277
Director	Clifford Wagner	15800 John J. Delaney Drive	Charlotte, NC 28277
Director	Seth Vance	15800 John J. Delaney Drive	Charlotte, NC 28277
Secy	Nathan Gemmiti	15800 John J. Delaney Drive	Charlotte, NC 28277

10. 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]

Nathan V. Gemmiti

10-25-04

704-943-2376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (01/04)