

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 28 PM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12593

1. Corporation Name

SIRIUS AMERICA INSURANCE COMPANY

Principal Place of Business

110 WILLIAM STREET
NEW YORK NY 10038

Mailing Address

110 WILLIAM STREET
NEW YORK NY 10038

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

12/19/1986

5. FEI Number

13-2930697

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 1999

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
AS	SANTOS, MARLENE	110 WILLIAM STREET	NEW YORK NY 10038
CD	THORSTENSSON, GORAN	SIRIUS INTERNATIONAL	STOCKHOLM SW
SVDT	HENRY, BURTON I.	110 WILLIAM STREET	NEW YORK NY
EVGD	LOWRY, WILLIAM K. J.	110 WILLIAM STREET	NEW YORK NY
SVCFO	WILLIAM F. DAVIS	110 WILLIAM STREET	NEW YORK, NY
V.S. G.C.D.	Kaminsky, Sylvia	110 William Street	New York, NY

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 Zip Code
	FL

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

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

SYLVIA KAMINSKY

10/13/99

Date

(212) 821-0486

Daytime Phone #

Per conversation w/ Marlene Santos 11-3-99 (Mrs. Kaminsky's titles)