

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN -8 AM 9 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P27516

1. Corporation Name

First American Property & Casualty
Insurance Company

2. Principal Office Address

114 East 5th Street

Suite, Apt. #, etc.

City & State

Santa Ana, CA

Zip 92701

Country USA

3. Mailing Office Address

1 First American Way

Suite, Apt. #, etc.

City & State

Santa Ana, CA

Zip 92707

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/89

5. FEI Number

942545863

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Chief Financial Officer

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

P.O. Box 6200, 200 E. Gaines ST 400038354994

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32399-0000

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

Date

REGISTERED AGENT MUST SIGN

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
CB	George MacNamee	114 East 5th Street	Santa Ana, CA 92701
P	Dirk MacNamee	114 East 5th Street	Santa Ana, CA 92701
EVPT	George Grupp	114 East 5th Street	Santa Ana, CA 92701
DVPS	Kathleen M. Collins	1 First American Way	Santa Ana, CA 92707
EVP	Parker S. Kennedy	1 First American Way	Santa Ana, CA 92707
D	Craig I. DeRoy	1 First American Way	Santa Ana, CA 92707

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:

Kathleen M. Collins

4/8/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E031 (01/04)