

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 NOV - 1 PM 5: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P29151**

1. Corporation Name
AMERICAN GENERAL INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
2727 ALLEN PARKWAY 290 HOUSTON TX 77019 US	2727 ALLEN PARKWAY 290 HOUSTON TX 77019 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		4. Date Incorporated or Qualified To Do Business In Florida 04/25/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 43-1538461	
City & State		City & State		Applied For Not Applicable	
Zip		Zip		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status.	

REINSTATEMENT **99**

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
PD	KOVACH, PAUL F	2727 ALLEN PKWY, SUITE 290	HOUSTON TX
V	SCHNEIDER, DONALD A	2200 WESTPORT PLAZA DR SUITE 22	ST LOUIS MO 63146
SD	GLOVER, STEVEN	2727 ALLEN PKWY, SUITE 290	HOUSTON TX
SECRETARY	LANGEL, DEBORAH	2727 ALLEN PKWY, SUITE 290	HOUSTON TX
T	HLOZEK, CAROLE D ROTH, ROBERT M.	2727 ALLEN PKWY, SUITE 290	HOUSTON TX
D	MARTIN, RODNEY O JR	2727-A ALLEN PARKWAY	HOUSTON TX 77019
D	HERBERT, ROBERT F JR	2727-A ALLEN PARKWAY	HOUSTON TX 77019 LS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JACKSON, FRED C JR 1300 GULF LIFE DR STE 408 JACKSONVILLE FL 32207	Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND Suite, Apt. #, Etc. PLANT City PLANTATION State FL Zip Code 33324

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: *Jennifer McBurnett* REGISTERED AGENT MUST SIGN *Jennifer McBurnett / Asst. Sec.* Date: **10-25-99**

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: *Robert M. Colb* **REQUIRED** Date: **10/25/99 (713) 831-3806** Daytime Phone #

CFR6040 (8/99)