

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 DEC 12 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-12/27/00--01082--010
****750.00 ****750.00

DOCUMENT # P31785

1. Corporation Name

Erie Family Life Insurance Company

2. Principal Office Address

100 Erie Insurance Place

Suite, Apt. #, etc.

City & State

Erie, PA

Zip

16530

Country

USA

3. Mailing Office Address

100 Erie Insurance Place

Suite, Apt. #, etc.

City & State

Erie, PA

Zip

16530

Country

USA

REINSTATEMENT

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

10/23/1990

5. FEI Number

25-1186315

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

M. Thomas Ruke Jr.

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

3443 Hancock Bridge

Suite, Apt. #, Etc.

Suite 102

City

North Fort Myers

State

FL

Zip Code

33903

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

REGISTERED AGENT MUST SIGN

Date 11/30/00

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
C/O	F. William Hirt	3270 Kingston Court, South	Erie, PA 16506
P/D	Stephen A. Milne	100 Culbertson Drive	Lake City, PA 16423
S/D	Jan R. Van Gorder	6796 Manchester Beach Rd.	Fairview, PA 16415
V	John J. Brinling, Jr.	1522 Summer Drive	Erie, PA 16505
V	Robert H. Dreyer	465 Hawthorne Trace	Fairview, PA 16415
V	Philip A. Garcia	786 Stockbridge Drive	Erie, PA 16505

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/00
Date

814-870-2286
Daytime Phone #

Philip A. Garcia

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T	Douglas F. Ziegler	378 Ridgeview Drive	Erie, PA 16505
V	Timothy G. NeCastro	124 West 37th Street	Erie, PA 16508
D	Peter B. Bartlett	65 Egbert Street	Bay Head, NJ 08742
D	Samuel P. Black, III	1091 Dutch Road	Fairview, PA 16415
D	J. Ralph Borneman, Jr.	160 N. Funk Road	Boyertown, PA 19512
D	Patricia A. Goldman	3026 1/2 Q Street, NW	Washington, DC 20007
D	Gwendolyn S. King	1506 Hamilton Street, NW	Washington, DC 20011
D	Martin J. Lippert	1142 Algonquin Drive	Mississauga, Ontario CN L5H1P4
D	John M. Petersen	124 Voyageur Drive	Erie, PA 16505
D	Robert C. Wilburn	RR3, Box 376	Blairsville, PA 15717