

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 # P33219

1. Corporation Name

AMERICAN GENERAL SECURITIES INCORPORATED

Principal Place of Business

2727 ALLEN PARKWAY, SUITE 2051
STE 290
HOUSTON TX 77019
US

Mailing Address

2727 ALLEN PARKWAY, SUITE 2051
STE 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

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

03/20/1991

5. FEI Number

76-0050868

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75. Additional Fee required
for a Certificate of Status.

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
D	MARTIN JR, RODNEY	2727 ALLEN PKWY, #290	HOUSTON TX
AO VICE PRES.	HLOZEK, CAROLE KALBAUGH, JOHN A.	2727 ALLEN PARKWAY, #290	HOUSTON TX
V.P. TREASURER	FRAM, FREDERICK G ROTH, ROBERT M.	2727 ALLEN PKWY STE 290	HOUSTON TX
ASST. SECRETARY	BAETZ, SHELBY LANGEL, DEBORAH	2727-A ALLEN PARKWAY	HOUSTON TX 77019
VT ASST. TREASURER	HEBERT, ROBERT F	2727 ALLEN PKWY, #290	HOUSTON TX
PD	KOVACH, F P	2727 ALLEN PARKWAY STE 290	HOUSTON TX 77019

8. Name and Address of Current Registered Agent

JACKSON, FRED C. JR.
1300 GULF LIFE DR.
SUITE 408
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name **CT CORPORATION SYSTEM**
Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND
Suite, Apt. #, Etc.
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

Date **10-25-99**

Jennifer McBurnett / Asst. Sec.

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 Kelp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/99 (713) 831-3806

Daytime Phone #