

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 24 PM 3:15

DOCUMENT # P39200

1. Corporation Name

FIRST INDEMNITY OF AMERICA INSURANCE COMPANY

Principal Place of Business

Mailing Address

119 LITTLETON ROAD
PARSIPPANY NJ 07054
US

119 LITTLETON ROAD
PARSIPPANY NJ 07054
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

06/10/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-2291229

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
V	RUNNE, GLENN A	26 WENONAH AVENUE	LAKE HIAWATHA NJ
TD	TEEVAN, JOHN P., JR.	48 CENTERVILLE ROAD	HOLMDEL NJ
D	DOLAN, EDWIN A JR.	100 VAIL ROAD M-1	PARSIPPANY NJ
V	BLAZIER, MOIRA M.	197 ELKWOOD AVENUE	NEW PROVIDENCE NJ
D	TEEVAN, MARTIN O.	33 SEVEN OAK CIRCLE	HOLMDEL NJ
D	VAN-GLEAVE, RICHARD S. III LYNCH, PATRICK J.	12 WIMBLEDON COURT 15 NORTH RIDGE ROAD	CEDAR GROVE NJ DENVER, NJ

8. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 REQUIRED

October 17, 2000 (973)402-1200

Date

Daytime Phone #

Patrick J. Lynch, President