

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business In Florida

06/10/1992

5. FEI Number

22-2291229

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
V	RUNNE, GLENN A.	26 WENONAH AVENUE	LAKE HIAWATHA NJ
TD	TEEVAN, JOHN P JR	48 CENTERVILLE ROAD	HOLMDEL NJ
<del>D</del>	<del>DOLAN, EDWIN A JR</del> RESIGNED	<del>300 PARSIPPANY RD APT 7M</del>	<del>PARSIPPANY NJ 07054</del>
V	BLAZIER, MOIRA M	197 ELKWOOD AVENUE	NEW PROVIDENCE NJ
D	TEEVAN, MARTIN O.	33 SEVEN OAK CIRCLE	HOLMDEL NJ
D	LYNCH, PATRICK J	15 NORTH RIDGE ROAD	DENVILLE NJ

8. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER  
P-O BOX 6200 (32314-6200)  
280 E. GAINES ST  
TALLAHASSEE FL 32399

9. Name and Address of New Registered Agent

Name

William L. Grant

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

300 South Orange Avenue

Suite, Apt. #, Etc.

Suite 1000

800024340198

10/31/03--01084--019 \*\*750.00

City

Orlando

State

FL

Zip Code

32801

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. or 617.0505, F.S.

Signature of  
Registered Agent

*(Signature of William L. Grant)*  
REGISTERED AGENT MUST SIGN

Date

10/17/03

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.

Patrick J. Lynch, President

SIGNATURE:

*(Signature of Patrick J. Lynch)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03

(973)402-1200

Date

Daytime Phone #

CR2E040 (7/03)