

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

03 AUG 21 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000003570**

1. Corporation Name

Dallas Fire Insurance Company

600022660416
08/29/03--01013--006 **1808.75

REINSTATEMENT 96-03

2. Principal Office Address

14160 Dallas Parkway

Suite, Apt. #, etc.

500

City & State

Dallas, Texas

Zip

75254

Country

USA

3. Mailing Office Address

14160 Dallas Parkway

Suite, Apt. #, etc.

500

City & State

Dallas, Texas

Zip

75254

Country

USA

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

1994

5. FEI Number

75-2263978

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

R.Z. "Sandy" Safley

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

215 South Monroe St.

Suite, Apt. #, Etc.

2nd Floor

City

Tallahassee

State

FL

Zip Code

32302-2095

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

R.Z. Safley

Date **8/21/03**

REGISTERED AGENT MUST SIGN

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
COB	Charles David Wood, Jr.	5518 Winston Ct	Dallas, TX 75220
Pres.	Eugene Joseph Eisenmann, Jr.	111 St. Andrews	Mabank, TX 75156
Treas.	John William Hagan	806 King Leonard	Scroggins, TX 75480
Dir.	William Reid	5149 Brandywine Lane	Frisco, TX 75034
Dir.	Gay Lynn Hanson	2124 Crestwood	Denton, TX 76209
Dir.	Karen Meredith	1718 Timbers Dr	Irving, TX 75061

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:

John William Hagan

John William Hagan 8/21/03

800-840-8137 x 347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)