


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 12 PM 2:43

DOCUMENT # F93000003570 1. Entity Name DALLAS FIRE INSURANCE COMPANY					
Principal Place of Business 14160 DALLAS PARKWAY, #500 DALLAS, TX 75254 US			Mailing Address 14160 DALLAS PARKWAY, #500 DALLAS, TX 75254 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 75-2263978	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB WOOD, CHARLES DAVID JR. 5518 WINSTON COURT DALLAS, TX 75220	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Chris Nehls 8058 Oak Point Drive Frisco, TX 75034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EISENMANN, EUGENE JOSEPH JR. 111 ST. ANDREWS MABANK, TX 75156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Rustin Polk 6731 Brookshire Drive Dallas, TX 75230	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAGAN, JOHN WILLIAM 806 KING LEONARD SCROGGINS, TX 75480	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Larry Wayne McGregor 2101 Loretta Lane Rowlett, TX 75088	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, WILLIAM 5149 BRANDYWINE LANE FRISCO ON, TX 75034	<input type="checkbox"/> Delete	<div style="text-align: center;"> 200060869102 10/21/05--01056--010 **758.75 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSON, GAY LYNN 2124 CRESTWOOD DENTON, TX 76209	<input type="checkbox"/> Delete	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEREDITH, KAREN 1718 TIMBERS DR. IRVING, TX 75061	<input type="checkbox"/> Delete	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Larry McGregor</u> LARRY MCGREGOR 10-10-05 9722330178 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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