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FILED
14 APR 17 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT.  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO9527
1. Corporation Name
National Continental Insurance Company

2. Principal Office Address - No P.O. Box # 1300 Walt Whitman Road		3. Mailing Office Address 6300 Wilson Mills Road	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State Melville, New York		City & State Mayfield Village, Ohio	
Zip 117471	Country U.S.A.	Zip 44143	Country U.S.A.

CR2B081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
03/25/86

5. FEI Number
06-0281045

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City
Plantation.

State
FL

Zip Code
33324

REINSTATEMENT

APR 17 2014

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0509 of the Florida Statutes.

Signature of Registered Agent *Diane Stout* **Diane Stout, Asst. Secretary** Date **4-17-14**

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Michael R. Beney	6712 Brooklawn Pkwy, Suite 100	Syracuse, NY 13211
D	Christopher J. Rosati	1 Corporate Drive, Suite 201	Bohemia, NY 11716
D,P	William T. Casella	625 Alpha Dr.	Highland Hts., OH 44143
D	William R. Kampf	747 Alpha Dr.	Highland Hts., OH 44143
D, V	Kevin P. Maher	747 Alpha Dr.	Highland Hts., OH 44143
D T	Michael W. Bissler	747 Alpha Dr.	Highland Hts., OH 44143

10. E-mail Address: _____ (To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.166, F.S.

SIGNATURE: *Margaret A. Rose* **Margaret A. Rose, Asst. Secy** Date **4/14/14** **4401345-3759**

NATIONAL CONTINENTAL INSURANCE COMPANY

Directors & Officers

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>
Director, Vice President	Patricia O. Bemer	747 Alpha Drive, Highland Hts., Ohio 44143
Director	Jeanette L. Hisek	747 Alpha Drive, Highland Hts., Ohio 44143
Director	Thomas W. Flynn	1 Corporate Dr., Ste. 201, Bohemia, NY 11716
Secretary	Patricia M. Corwin	6300 Wilson Mills Road, Mayfield Village, OH 44143
Asst. Secretary	Margaret A. Rose	6300 Wilson Mills Road, Mayfield Village, OH 44143
Vice President	Sandra L. Rihvasky	6300 Wilson Mills Road, Mayfield Village, OH 44143
Asst. Vice President	Jennifer E. Mineo	6300 Wilson Mills Road, Mayfield Village, OH 44143

APR 17 2014

R. HUNT

• Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
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**CORPORATION REINSTATEMENT
NATIONAL CONTINENTAL INSURANCE COMPANY**

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APR 17 2014

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