

NOV. 8. 2006 3:27PM C S C

APPROVED
AND
FILED
P. 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 06 NOV 08 PM 12:19

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

182

DOCUMENT # F95000002714

1. Corporation Name

Providian Bancorp Services, Inc.

2. Principal Office Address
201 Mission Street

3. Mailing Office Address
1301 2nd Ave., WMC3501

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
San Francisco, CA

City & State
Seattle, WA

Zip
94105

Country
USA

Zip
98101

Country
USA

REINSTATEMENT

06 DSC

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida** 6/6/1995

5. FEI Number
943055127

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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee,

State **Zip Code**
FL 32301-2525

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

**Signature of
Registered Agent**

[Signature]

**Troy Todd
as its agent**

Date 11/8/2006

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
P/D	Joseph W. Saunders	201 Mission, 28th Flr.	San Francisco, CA 94105
CFO/D	Anthony F. Vuoto	201 Mission, 28th Flr.	San Francisco, CA 94105
S	Cynthia K. Holbrook	1301 2nd Ave., 36th Flr.	Seattle, WA 98101
D	Susan G. Gleason	201 Mission, 28th Flr.	San Francisco, CA 94105
T	Vacant		

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 contained in Chapter 119, 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]

Cynthia K. Holbrook

11/6/2006

(206) 500-4366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

May #2940 CSC

CORPORATION REINSTATEMENT

PROVIDIAN BANCORP SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$750.00

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