

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10F2

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 JUN -6 AM 9:24

DOCUMENT # **P08523**
 1. Corporation Name
OLD REPUBLIC INSURED FINANCIAL ACCEPTANCE CORPORATION
W-1287

REINSTATEMENT 98.00

2. Principal Office Address 307 N. MICHIGAN		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CHICAGO, IL		City & State	
Zip 60601	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 36-3345721	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Name and Address of Current Registered Agent

Name Corporation Service Company	300003312343--8
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	07/05/00--0101--001 ***750.00 ***750.00
Suite, Apt. #, Etc.	
City Tallahassee	State FL Zip Code 32301

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: *[Signature]* Date: **5-1-00**
 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
	SEE ATTACHED		300003312343--8 07/05/00--0101--001 ***150.00 ***150.00
			300003312343--8 07/05/00--0101--001 ***150.00 ***150.00
			<i>B6/15</i>

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: *[Signature]* Date: **4/25/00** (312) 621-9400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/99)



OLD REPUBLIC

Insured Financial Acceptance Corporation

307 North Michigan Avenue
Chicago, Illinois 60601
312/621-9400

DIRECTORS:

ALDO C. ZUCARO	307 N. MICHIGAN AVE., CHICAGO, IL 60601
PAUL D. ADAMS	307 N. MICHIGAN AVE., CHICAGO, IL 60601
SPENCER LEROY, III	307 N. MICHIGAN AVE., CHICAGO, IL 60601

OFFICERS:

ALDO C. ZUCARO	<u>CHAIRMAN OF THE BOARD/PRESIDENT</u> 307 N. MICHIGAN AVE., CHICAGO, IL 60601
LEONARD S. MILAZZO	<u>EXECUTIVE VICE PRESIDENT/ASSISTANT SECRETARY</u> 307 N. MICHIGAN AVE., CHICAGO, IL 60601
PAUL D. ADAMS	<u>VICE PRESIDENT/TREASURER</u> 307 N. MICHIGAN AVE., CHICAGO, IL 60601
SPENCER LEROY, III	<u>VICE PRESIDENT/SECRETARY</u> 307 N. MICHIGAN AVE., CHICAGO, IL 60601
CARL H. BRAUER	<u>ASSISTANT SECRETARY</u> 307 N. MICHIGAN AVE., CHICAGO, IL 60601
JOALLYN COMSTOCK	<u>ASSISTANT SECRETARY</u> 307 N. MICHIGAN AVE., CHICAGO, IL 60601