


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 OCT 29 AM 11:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P08523

1. Corporation Name

OLD REPUBLIC INSURED FINANCIAL ACCEPTANCE CORPORATION

Principal Place of Business	Mailing Address
307 N. MICHIGAN AVENUE CHICAGO IL 60601	307 N. MICHIGAN AVENUE CHICAGO IL 60601



REINSTATEMENT

8001

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida	12/24/1985
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	36-3345721
City & State	City & State	Applied For	<input type="checkbox"/>
Zip	Country	Not Applicable	<input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
DPCB	ZUCARO, ALDO C	307 N. MICHIGAN AVENUE	CHICAGO IL 60601
DVT DV	ADAMS, PAUL D ADAMS, JOHN S.	307 N. MICHIGAN AVENUE	CHICAGO IL 60601
DVS	LEROY, SPENCER III	307 N. MICHIGAN AVENUE	CHICAGO IL 60601
VAS	MILAZZO, LEONARD S	307 N. MICHIGAN AVENUE	CHICAGO IL 60601 LS
AS	BRAUER, CARL H	307 N. MICHIGAN AVENUE	CHICAGO IL 60601
AS	COMSTOCK, JOALLYN	307 N. MICHIGAN AVENUE	CHICAGO IL 60601

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 100004670011-7 City ***750-00 state zip Code ***750-00 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Camille Admon (Attorney's Representative) Date: 10/26/01
 REGISTERED AGENT MUST SIGN

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., 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: 10-24-01 Daytime Phone # _____

SEAL REQUIRED

CR2E040 (8/01)