

NOV. 1. 2006 4:22PM

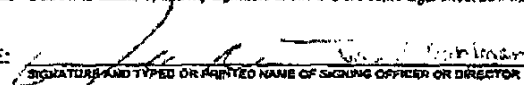
C S C

NO. 936

P. 2

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 NOV -1 AM 9:42

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P15430</u>					
1. Corporation Name ACA Financial Guaranty Corporation					
2. Principal Office Address 140 Broadway			3. Mailing Office Address 140 Broadway		
Suite, Apt. F, etc. 47th Floor			Suite Apt. F, etc. 47th Floor		
City & State New York, New York			City & State New York, New York		
Zip 10005	Country USA	Zip 10005	Country USA	4. Date incorporated or Qualified To Do Business in Florida 07/31/1987	
5. FEI Number 52-1474358				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒				\$8.75 Additional Fee required for 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 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 607.0305 or 617.0503, F.S.					
Signature of Registered Agent		Troy Todd as its agent		Date 11/1/2006	
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	
D/P	Alan S. Roseman	ACA, 140 Broadway, 47th Floor		New York, NY 10005	
D/T	Edward U. Gilpin	ACA, 140 Broadway, 47th Floor		New York, NY 10005	
M	Lian Mumford	ACA, 140 Broadway, 47th Floor		New York, NY 10005	
S	Nora J. Dahman	ACA, 140 Broadway, 47th Floor		New York, NY 10005	
V	William Tomljanovic	ACA, 140 Broadway, 47th Floor		New York, NY 10005	
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:  DATE: 11-31-06 Daytime Phone #					

REINSTATEMENT

06

CR2E081 (12/05)

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C S C

NO. 936

P. 1

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

TOLLY #2940

CORPORATION REINSTATEMENT

ACA FINANCIAL GUARANTY CORPORATION

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$758.75

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