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 # P15430

1. Corporation Name

ACA Financial Guaranty Corporation

REINSTATEMENT 06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
140 Broadway	140 Broadway
Suite, Apt. #, etc. 47th Floor	Suite, Apt. #, 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 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: 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: Troy Todd as its agent Date: 11/1/2006

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
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	Lisa Mumford	ACA, 140 Broadway, 47th Floor	New York, NY 10005
S	Nora J. Dahlman	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: [signature] 11-1-06

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
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Fax Number : (850)558-1575

Tracy #2940

CORPORATION REINSTATEMENT

ACA FINANCIAL GUARANTY CORPORATION

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$758.75

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