


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> DIVISION OF CORPORATIONS	
DOCUMENT # <b>F93000000658</b> 1. Corporation Name USAA Investors I, Inc.			
2. Principal Office Address <b>9830 Colonnade Blvd.</b> Suite, Apt. #, etc. Suite 600 City & State San Antonio, Texas Zip 78230		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 2/12/93		5. FEI Number 742325026	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For Not Applicable	

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
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 -09/20/01--01064-028  
 \*\*\*1058.75 \*\*\*1058.75  
**REINSTATEMENT** 98-01

7. Name and Address of Current Registered Agent Name C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation			State FL	Zip Code 33324
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 \*\*\*\*\*706.25 \*\*\*\*\*06.25

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 *EA Wallace* **EA Wallace** Date 2/22/01  
 REGISTERED AGENT MUST SIGN **Assistant Secretary**

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	Edward B. Kelley	9830 Colonnade Blvd. #600	San Antonio, TX 78230
SV/D	T. Patrick Duncan	9830 Colonnade Blvd. #600	San Antonio, TX 78230
V/S/D	Randal R. Seewald	9830 Colonnade Blvd. #600	San Antonio, TX 78230
V	David M. Holmes	9830 Colonnade Blvd. #600	San Antonio, TX 78230
V	Susan Wallace	9830 Colonnade Blvd. #600	San Antonio, TX 78230
AV	Stanley R. Alterman	9830 Colonnade Blvd. #600	San Antonio, TX 78230

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: *Randal R. Seewald* **Randal R. Seewald** 3/12/01 (210) 498-7993  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #