

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # F00000002234

1. Corporation Name
USI CONSULTING GROUP, INC.

Principal Place of Business Mailing Address

95 GLASTONBURY BLVD. 95 GLASTONBURY BLVD.
GLASTONBURY CT 06033 GLASTONBURY CT 06033

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

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 04/17/2000

5. FEI Number 06-1053228

Applied For Not Applicable

CERTIFICATE OF STATUS DESIRED ☐ \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD PD	RUBINSTEIN, DOUG RUBINSTEIN, DOUG	5 ORCHARD HILL RD. 5 ORCHARD HILL RD.	CANTON CT 06019 CANTON CT 06019
VSD VD	TREMKO, WILLIAM M TREMKO, WILLIAM M	29 TIMBER LANE 29 TIMBER LANE	WILLINGTON CT 06279 WILLINGTON CT 06279
AV	WHITNEY, CARRIE-LYNN	140 SILKEY ROAD	N. GRANBY CT 06080
V	HUSIC, WILLIAM	57 FAIRWAY CROSSING	GLASTONBURY CT 06033
S	NEWBORN, ERNEST	50 CALIFORNIA ST, 24 th FL	SAN FRANCISCO, CA 94111
T	BOWLER, EDWARD	50 CALIFORNIA ST, 24 th FL	SAN FRANCISCO, CA 94111

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New 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

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 *[Signature]* **SIGNATURE REQUIRED** Date 12-04-01

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]* **SIGNATURE REQUIRED** ERNEST NEWBORN, II 11/27/01 415-263-2105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



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ACCOUNT NO. : 072100000032
REFERENCE : 511149 7139998
AUTHORIZATION : *Patricia Pizito*
COST LIMIT : \$ 750.00

ORDER DATE : November 29, 2001

ORDER TIME : 10:02 AM

ORDER NO. : 511149-005

CUSTOMER NO: 7139998

CUSTOMER: Mr. Chad Wiechers
Usi Holdings, Inc.
24th Floor
50 California Street
San Francisco, CA 94111

REINSTATEMENT

NAME: USI CONSULTING GROUP, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133

EXAMINER'S INITIALS _____

01 DEC -5- 2001

RECEIVED