

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F02000003795**

1. Corporation Name

**USG INSURANCE SERVICES, INC.**

Principal Place of Business

Mailing Address

25800 NORTHWESTERN HIGHWAY, SUITE 1000  
SOUTHFIELD MI 48075

P.O. BOX 222  
SOUTHFIELD MI 48037-0222

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

07/24/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

31-1789473

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HORTON, GERALD W	14499 N. DALE MABRY RD., STE 215	TAMPA FL 33618
ST	HORTON, SUSAN M	14499 N. DALE MABRY RD., STE 215	TAMPA FL 33618
AS	TOMPKINS, A. STUART	25800 NORTHWESTERN HWY., STE 100	SOUTHFIELD MI 48075

800023984878  
10/21/03--01130--013 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HORTON, GERALD W  
14499 N DALE MABRY RD., STE 215S  
TAMPA FL 33618

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Donald W. Horton*  
REGISTERED AGENT MUST SIGN

Date 10/16/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*A. Stuart Tompkins*  
A. Stuart Tompkins, Asst. Secretary

Date

10/15/03

Daytime Phone #

248 746 0700

CR2E040 (7/03)

SULLIVAN • WARD • BONE  
TYLER & ASHER, P.C.  
ATTORNEYS AND COUNSELORS AT LAW

PROFESSIONAL CORPORATION



25800 NORTHWESTERN HIGHWAY  
1000 MACCABEES CENTER  
POST OFFICE BOX 222  
SOUTHFIELD, MICHIGAN 48037-0222  
(248) 746-0700  
FAX (248) 746-2760  
WEB SITE ADDRESS: www.swbta.com

A. STUART TOMPKINS  
stompkins@swbta.com  
(248) 746-2707

October 17, 2003

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Re: USG Insurance Services, Inc.  
Document No. F02000003795  
Our File No. GWH 113904**

Dear Sir/Madam:

It is my understanding that the reinstatement fee will be waived if the two prior uniform business report notices were not received. As such, enclosed is a letter stating that the prior uniform business report notices were not received. Also enclosed is the completed application for reinstatement of USG Insurance Services, Inc. to conduct business in the State of Florida, along with the appropriate UBR filing fee in the amount of \$150.00.

Thank you for your attention to this matter. Should you have any questions, please contact me.

Very truly yours,

SULLIVAN, WARD, BONE  
TYLER & ASHER, P.C.

A handwritten signature in black ink, appearing to read 'A. Tompkins'.

A. STUART TOMPKINS

AST/ays  
Enclosures

October 15,2003

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Re: USG Insurance Services, Inc.**  
**Document No. F02000003795**

Dear Sir/Madam:

This letter will serve as notice to you that the two prior uniform business report notices were not received by USG Insurance Services, Inc. As such, it is my understanding that the reinstatement fee will be waived and that the corporation will be brought back into an "active" status.

Very truly yours,

**USG INSURANCE  
SERVICES, INC.**

A handwritten signature in black ink, appearing to read 'A. Tompkins', with a stylized flourish at the end.

A. STUART TOMPKINS  
ASSISTANT SECRETARY

AST/ays