

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 DEC 18 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000001434

1. Corporation Name

USF FUND CORPORATION

c/o Capitol Investment Associates Corp.

2. Principal Office Address

454 Wisconsin Ave., NW

Suite, Apt. #, etc.

Suite 1265

City & State

Chevy Chase MD

Zip

20815

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/24/1995

5. FEI Number

521869230

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

NRAI Services, Inc.

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

526 East Park Avenue

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

Ed Hunt - Asst. Secretary

Date

12/15/01

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
PTD	Rubin, Michael D.	5454 Wisconsin Ave., St. 1265	Chevy Chase, MD 20815
V	Glazer, Steven M.	5335 Wisconsin Ave.	Washington DC 20015
S	Lyons, Bruce	5454 Wisconsin Ave., St. 1265	Chevy Chase, MD 20815

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven M. Glazer

Date

Daytime Phone #

(202)537-5500