

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUN -2 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F 95000005893

1. Corporation Name

THE GUARDIAN WARRANTY CORPORATION

2. Principal Office Address

639 Main Street

Suite, Apt. #, etc.

Post Office Box 68

City & State

Avoca, PA

Zip

18641-0068

Country

3. Mailing Office Address

639 Main Street

Suite, Apt. #, etc.

Post Office Box 68

City & State

Avoca, PA

Zip

18641-0068

Country

REINSTATEMENT 96-00

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

December 4, 1995

5. FEI Number

23-279-7952

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **XX**

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

UCC Filing & Search Services, Inc.

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

526 E. 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

Betty B. Young
Betty B. Young

REGISTERED AGENT MUST SIGN Assistant Secretary

Date June 2, 2000

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
C	John A. Stultz	6225 Angle Road	Grantville, PA 17028
P	Joseph C. Limongelli	10 West Sunrise Drive	Pittston, PA 18640
T	Daniel Limongelli	1849 Bear Creek Blvd.	Wilkes-Barre, PA 18702
V	Salvatore DeFrancesco	47 Hale Street	Pittston, PA 18640

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:

John A. Stultz

JOHN A. STULTZ

05/25/00 1-800-482-7357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)