

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 JUL 19 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98000005275

1. Corporation Name

FIRST GUARANTY FINANCIAL CORPORATION

Principal Place of Business

Mailing Address

~~1114 LOST CREEK BLVD., STE 500~~  
~~AUSTIN TX 78746~~

~~1114 LOST CREEK BLVD., STE 500~~  
~~AUSTIN TX 78746~~



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

09/21/1998

Suite, Apt. #, etc.

3 Hutton Centre Drive,

Suite, Apt. #, etc.

Suite 150

City & State

Santa Ana, CA

City & State

Zip

Country

Zip

Country

5. FEI Number

33-0296475

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City, State, Zip 4
<del>C</del>	<del>WHITLEY, LEIANNE</del>	<del>1114 LOST CREEK BLVD., STE 500</del>	<del>AUSTIN TX 78746</del>
P	Rodney K. Thompson	3 Hutton Centre Dr #150	Santa Ana, CA 92707
EVP	Deborah J. McCarron	3 Hutton Centre Dr. #150	Santa Ana, CA 92707
			400006665904--2 -07/25/02--01062--014 ****158.75 ****158.75
			400006665904--2 -07/25/02--01062--013 ****150.00 ****150.00
			8/7/02

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

C.T. Corporation System

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

71200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

*DAVID I. FARBER*

DAVID I. FARBER  
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

7/12/02

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rodney K. Thompson

Date

11/16/01

Daytime Phone #

(714) 429-1212

CR2E040 (801)