| PLEASE REAL | O ALL INSTRUCT | COMPLETIN | IG THIS FORM. | | | |
|---|--|---|-------------------------|--|---|--|
| CORPORATION REINSTATEMENT | Katheri Secreta | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | 00 FEB 28 PH 3: 19 | | |
| DOCUMENT # \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \ | | | 1 | SEONE DANG RAI STATE TALLAHASSEE, FLORIDA | | |
| | | | | | | |
| 2. Principal Office Address | 3. Mailing Office Addre | ess | 1 | 3 | | |
| 15950 Bay Vista Drive | | | 1 | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5 | 4. Date incorner | and or Ouglified | | |
| Suite 390 City & State | City & State | 10 0 | 4. Date Incorpora | | <u> </u> | |
| | City & State | ! | 5. FEI Number | | | |
| Clearwater, Florida Zip Country | | | \ | 59-2941216 Not Applicable | | |
| 33760 USA | | 1 | CERTIFICATE OF | | ditional Fee required ertificate of Status | |
| | 7. Name and | Address of Current Registers | red Agent | | | |
| Name Robert R. Street Address (P.O. Box Number is 15950 Bay | 000 | 1003164700 -03/10/00==01012 | | | | |
| Suite, Apt. #, Etc. | | | *306 25 | | | |
| City Clearwate | City Clearwater, | | | | <u> </u> | |
| 8. I, being appointed the registered agent of the a Signature of Registered Agent | bove named corporation, am Lialing REGISTERED AGENT MUS | familiar with and accept the ob- | oligations of section 6 | 607.0505 or 617.0503, F.S. Date | 12000 | |
| 9. Names and Street Addresses of Each Officer a | and/or Director (Florida nonpr | | | | · · · · · · · · · · · · · · · · · · · | |
| Titles Name of Officers and/or Directo | | Street Address of Each Officer and/or Director | | City / State / Zip | | |
| Director Robert R. Hack | cney III SAM | SO-BAY-VISTO | S44 39. | Clearmore, Pl | 33740 | |
| PLEASE SEE ATTACH | ED | | | | | |
| • | | TATEMENT | - 99'-bt | - ITS | | |
| Ì | Ì | | 1 | • | I | |

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 filling 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. 727-536-660

SIGNATURE: Flolu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert R. Hackney TI

CSCU BOARD MEMBERS

| Bob Allen O President/CEO Teachers' Federal CU 2410 North Ocean Avenue Farmington, NY 11738 | 516-698-7103 516-698-1502 (fax) rga@teachersfcu.org |
|--|--|
| Bob Bream P 'President/CEO 'United Airlines Employees' CU 11545 W. Touhy Avenue Chicago, IL 60666 | 773-462-2047 773-462-2093 (fax) 847-404-4214 (cell) 800-328-1935 x2047 (watts BREAMRWB@aol.com |
| Ralph Canterbury P President/CEO US Airways FCU 1453 Beers School Road Moon Township, PA 15108 | 412-269-3001 412-269-3009 (fax) CANTRAL@aol.com |
| Ray Cromer (Secretary) President/CEO North Florida Education CU 440 N. Monroe Street Tallahassee, FL 32301 | 850-942-9000 x195 850-942-9211 (fax) rcromerjr@nfecu.com |
| John Fiore (Chairman) President/Treasurer Motorola Employees CU 1205 E. Algonquin Road Schaumburg, IL 60196 | 847-576-5190 847-538-4770 (fax) jfiore@motecu.org 630-267-3302 (cell) |
| Dennis J. Huber O CEO SCE FCU 3810 Durbin Street Irwindale, CA 91706 | 626-960-6888 x2256 626-960-7728 (fax) Dennish@scefcu.org |
| Bob Hunt, CSCU Secretary, Exec. Comm. (Vice-Chair) President/CEO Educational Community CU 1551 South 9 th Street Kalamazoo, MI 49009-9459 | 616-375-6757 616-375-6702 616-375-0017 (fax) ECCU@ECCU1.org |
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| Konnie Werner D President / CEO Team One CU P.O. Roy 1260 | 517-754-6575 517-754-4356 (fax) 517-754-5084 (direct fax) |

P.O Box 1260 Saginaw, MI 48606 Kwerner@teamonecu.org