2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 27, 2006
Secretary of State

DOCUMENT# P04000056791

Entity Name: USG INSURANCE SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

14499 N. DALE MABRY, STE. 215S
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

14499 N. DALE MABRY, STE. 215S
TAMPA, FL 33618

New Mailing Address:

FEI Number: 14-1916032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GERALD W. HORTON

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HORTON, GERALD W
Address: 18611 AVENUE MONACO
City-St-Zip: LUTZ, FL 33558

Title: EVP ( ) Delete
Name: HORTON, TIMOTHY W
Address: 118 PIPER DRIVE
City-St-Zip: PITTSBURGH, PA 15234

Title: VPTD ( ) Delete
Name: WESOLOWSKI, GERALD
Address: 19350 WIND DANCER
City-St-Zip: LUTZ, FL 33558

Title: S ( ) Delete
Name: HORTON, SUSAN M
Address: 18611 AVENUE MONACO
City-St-Zip: LUTZ, FL 33558

Title: AS ( ) Delete
Name: TOMPKINS, A. STUART
Address: 28664 APPLE BLOSSOM LANE
City-St-Zip: FARMINGTON HILLS, MI 48331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD F. WESOLOWSKI VP 09/27/2006

Electronic Signature of Signing Officer or Director — Date