


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 PM 12:13

DOCUMENT # P15813

1. Corporation Name

U.S. SPECIALTY INSURANCE COMPANY

Principal Place of Business

Mailing Address

13403 NW FRWY
HOUSTON TX 77040-6094

13403 NW FREEWAY
HOUSTON TX 77040-6094
US



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/03/1987	
City & State		City & State		5. FEI Number	
Zip		Zip		52-1504975	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
DP	WILCOX DAVIS, BENJAMIN D.W.	13403 NW FRWY	HOUSTON TX 77040
SVD	MARTIN, CHRISTOPHER L	13403 NW FRWY	HOUSTON TX 77040
TD	TUFFLY, L EDWARD	13403 NW FRWY	HOUSTON TX 77040
VD	ELLIS, EDWARD H JR	13403 NW FRWY	HOUSTON TX 77040
VD	MOLBECK, JOHN N JR	13403 NW FRWY	HOUSTON TX 77040
C	WAY, STEPHEN L	13403 NW FRWY	HOUSTON TX 77040

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		200003455542-3 -11/07/00-01091-014 ****750.00 State ****750.00 FL	

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	SIGNATURE REQUIRED	Date
REGISTERED AGENT MUST SIGN		

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHRISTOPHER L. MARTIN

10/17/00

Date

713-690-7300

Daytime Phone #

CR2E040 (8/00)