

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 16 PM 2:11

DOCUMENT # P99000087231

1. Corporation Name

UNITED STATES FINANCIAL GUARANTY CORPORATION

Principal Place of Business

Mailing Address

2128 VISTA DRIVE
JUNO FL 33408

2128 VISTA DRIVE
JUNO FL 33408



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

09/30/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES	GENNARO J. ORRICO	2128 VISTA DR	JUNO, FL-33408
SEC	GENNARO J. ORRICO	2128 VISTA DR	JUNO, FL-33408

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ORRICO, GENNARO J
2128 VISTA DRIVE
JUNO FL 33408

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

October 7, 2000

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

Date

Daytime Phone #

October 7, 2000 561-626-6280

CR2E040 (8/00)

**UNITED STATES FINANCIAL
GUARANTY CORPORATION
2128 VISTA DRIVE
JUNO, FLORIDA 33408
TEL: (561) 626-6280**

October 14, 2000

Katherine Harris
Secretary of state
Department of State
P.O. Box 6327
Tallahassee, Florida
32314

Re; Renewal of Corporation fees;

My Dear Ms. Harris:

This letter is to inform your office that our company did not receive the first or the second notice of corporation fees due.

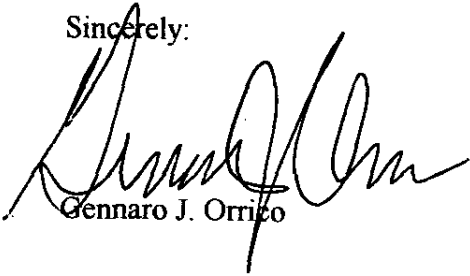
I spoke to your office on the first week of September, 2000 and also today, regarding the fees..

I was this day, instructed to mail in my company's check for \$150.00 representing the 2000 fee for my corporation, along with this letter.

That this check for \$150.00 will be accepted.

Thank you in advance for your corporation in this matter.

Sincerely:


Gennaro J. Orrico