


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 NOV -1 AM 9:42

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>95430</u>			
1. Corporation Name ACA Financial Guaranty Corporation			
2. Principal Office Address 140 Broadway		3. Mailing Office Address 140 Broadway	
Suite, Apt. #, etc. 47th Floor		Suite Apt. #, etc. 47th Floor	
City & State New York, New York		City & State New York, New York	
Zip 10005	Country USA	Zip 10005	Country USA
4. Date incorporated or Qualified To Do Business in Florida <u>07/31/1987</u>			Applied For (Not Applicable)
5. FEI Number 52-1474358			Applied For (Not Applicable)
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>			\$575. Additional Fee required for Certificate of Status

REINSTATEMENT 06

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0305 or 617.0503, F.S.

Signature of Registered Agent  **Troy Todd**
as its agent

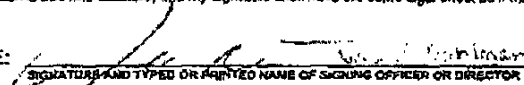
REGISTERED AGENT MUST SIGN

Date 11/1/2006

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Alan S. Roseman	ACA, 140 Broadway, 47th Floor	New York, NY 10005
D/T	Edward U. Gilpin	ACA, 140 Broadway, 47th Floor	New York, NY 10005
M	Lisa Mumford	ACA, 140 Broadway, 47th Floor	New York, NY 10005
S	Nora J. Dahman	ACA, 140 Broadway, 47th Floor	New York, NY 10005
V	William Tomljanovic	ACA, 140 Broadway, 47th Floor	New York, NY 10005

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 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 contained in Chapter 119, 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:  **William Tomljanovic**

DATE: 11-3-06

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

TOTAL #2940

CORPORATION REINSTATEMENT

ACA FINANCIAL GUARANTY CORPORATION

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$758.75