



NOTARY PUBLIC COMMISSION APPLICATION

Florida Department of State
Notary Commissions (850) 245-6975

ATLANTIC BONDING COMPANY, INC.

P. O. BOX 11901, Fort Lauderdale, FL 33339
Toll Free 1-(800) 732-2245

This application and the information it contains except social security number, are public record and may be disclosed to any person upon request.

Full Name: CAMARELLO (Last) GLENN (First) (Middle)

Home Address: 31300 SAN SIMONE WAY # 96 (Street) MIAMI (City) FLORIDA (State) DADE (County) 33079 (Zip)

Place of Employment: BAKUNITED, F.S.B. Unemployed Retired

Business Address: 7815 H.W. 148th STREET (Street) MIAMI (City) FLORIDA (State) 33016 (Zip)

Mail to: Home Business Other Address: _____ (Street or P.O. Box) _____ (City) _____ (State) _____ (Zip)

Home Phone: (305) 770-1622 (or write 'NONE') Business Phone: (786) 313-1620 (or write 'NONE') Extension

E-Mail Address: GLENNCAMARELLO@AOL.COM (or write 'NONE') Sex: M F Race: White

Florida Driver's License (or other State of Florida Issued ID): C564-280-61-446-0 Date of Birth: 12/06/1961 (Month/Day/Year)

- Are you a legal resident of Florida? Yes No (If No, you are not eligible to apply for a notary commission. Legal residency must be maintained throughout the appointment.)
 - Are you a United States citizen? Yes No (If No, you must submit a recorded Declaration of Domicile. Obtain this document from your County Courthouse.)
 - Are you now or have you ever been commissioned a Notary Public in the State of Florida? Yes No (If No, you must complete a 3 hour notary education course and submit a signed certificate of completion. (Ch. 668.50(11)FS)
- If Yes: 10/24/2007 (Commission expiration date) DD250942 (Commission number) GLENN CAMARELLO (Name in which your commission was issued)
- Have you held any professional licenses or commissions (other than Notary Public) in Florida during the past 10 years? Yes No (If Yes, please list.)
COSMETOLOGIST, CLO139101 Have they been revoked? Yes No (If Yes, attach an explanation.)
 - Have you been disciplined by a regulatory agency, including The Florida Bar, and including disciplinary action that is confidential? Yes No (If Yes, you must submit a written statement about the nature of the action and any supporting documentation, such as a copy of the Final Order from the regulating agency.)
 - Have you been convicted of a felony, had adjudication of guilt withheld, or are you on probation? Yes No (If Yes, you must submit a written statement of the nature of the offense(s), a copy of the court judgement and sentencing order. If convicted, you must submit a Certification of Restoration of Civil Rights.)

AFFIDAVIT OF CHARACTER

STATE OF Florida County Broward

I, Joseph P. Grant (Print or Type Name of Affiant) am unrelated to and have known Glenn Camarillo (Name of Applicant) for one year or more; and to the best of my knowledge and observation know (him)(her) to be of good character.

My address is 22 N.E. 1 Avenue (Street) Dania (City) FL (State) 33007 (Zip)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE.

Home Phone: (305) 794-3633 (or write 'NONE')

Work Phone: (954) 927-8849 (or write 'NONE')

X Fr Joseph P. Grant (Signature of Affiant)

OATH OF OFFICE

STATE OF FLORIDA County DADE

I DO solemnly (swear)(affirm) that I will support, protect and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State of Florida; that I have read Chapter 117, Florida Statutes, and any amendments thereto, and know the duties, responsibilities, limitations, and powers of a notary public; and that I will honestly, diligently, and faithfully discharge the duties of Notary Public, State of Florida, on which I am now about to enter. (sd help me God).

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION AND OATH AND THAT THE FACTS STATED THEREIN ARE TRUE. I accept the office of Notary Public, State of Florida.

X Glenn Camarillo (Signature of Applicant - This is the name in which your commission and notary seal will be issued) GLENN CAMARELLO (Print or Type Name - Must match signature) 07/23/07 (Date)

Please complete the reverse side.

Social Security Number _____

STATE OF FLORIDA
BOND OF NOTARY PUBLIC

FOR OFFICE USE ONLY
Approved by Department of State:

Secretary of State
Notary Commissions

STATE OF FLORIDA

Broward COUNTY

KNOW ALL MEN BY THESE PRESENTS, That we,

GLENN CAMARELLO as Principal, and
(Name of Applicant)

RLI INSURANCE COMPANY

(309) 692-1000

(Imprint Name of Surety Company)

(Telephone Number)

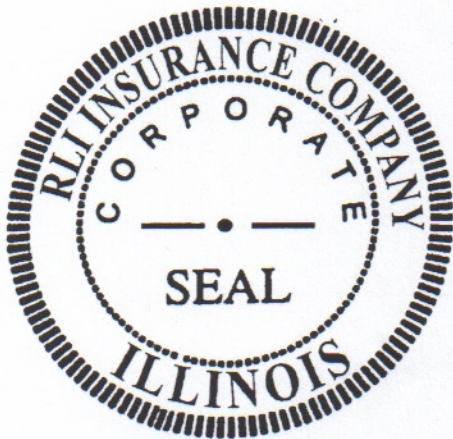
as Surety Company, give bond payable to any individual who may be harmed as a result of a breach of duty by said applicant acting in his/her official capacity as Notary Public, in the amount of Seven Thousand, Five Hundred Dollars (\$7,500) as assurance for the due discharge of the duties of his/her office of Notary Public and we do bind ourselves, and each of our heirs, executors and administrators, jointly and severally.

Applicant was, on the date of issuance of commission, bonded as a Notary Public in and for the State of Florida, to hold office for the term of four years in accordance with the Constitution and Laws of this State.

Now, therefore, if said applicant shall faithfully discharge the duties of the office of Notary Public, as prescribed by law, then this obligation shall be void.

[Handwritten Signature]
(Signature of Applicant)

31 day of July 20 07



RLI INSURANCE COMPANY

(Name of Surety Company)

9025 N. Lindbergh Dr. Peoria, IL 61615

(Address of Surety Company)

ATLANTIC BONDING COMPANY, INC.

(Name of Bonding Agency or Company)

P.O. Box 11901 • Ft. Lauderdale, FL 33339

(Address of Bonding Agency or Company)

By X [Handwritten Signature]
(Signature of Licensed Resident Agent)

A294141

(Social Security Number of Licensed Resident Agent)

Marc C. Zinman

(Type name of Licensed Resident Agent)

Section 817.234(1)(b), F.S. "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree."

This bond shall be for Seven Thousand, Five Hundred Dollars (\$7,500).

After execution by surety company, the bond must be submitted to the Department of State for approval and filing before issuance of the notary public commission.