PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 10 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000072613

1. Corporation Name
Florida Auto Loans, Inc.

2. Principal Office Address	3. Mailing Office Address
8601 Dunwoody Place	8601 Dunwoody Place
Suite, Apt. #, etc.: Suite 406	Suite, Apt. #, etc.: Suite 406
City & State: Atlanta, Ga	City & State: Atlanta, Ga
Zip: 30350 Country: USA	Zip: 30350 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 08/31/2000

5. FEI Number: 58-2562148 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

900080707829
10/31/02--01002--002 **75.75

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date: 10/10/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres/ CEO/D	Robert I. Reich	8601 Dunwoody Pl.,Ste406	Atlanta, Ga 30350
VP/Treas/ Cfo	Terry E. Fields	8601 Dunwoody Pl.,Ste406	Atlanta, Ga 30350
Sec/ General Counsel	John J. McCloskey	8601 Dunwoody Pl.,Ste406	Atlanta,Ga 30350

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 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: John J. McCloskey 10/9/02 770-552-9840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (9/01)