PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED FLORIDA DEPARTMENT OF STATE **CORPORATION** Secretary of State REINSTATEMENT 04 JUL 27 PK 3: 27 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHACTER FLORIDA DOCUMENT # P93000021703 1. Corporation Name AMERITRUST ACCEPTANCE CORPORATION 2. Principal Office Address 3. Mailing Office Address 1825 Ponce De Leon BLVD Suite, Apt. #, etc. 262 4. Date Incorporated or Qualified 03/22/1993 To Do Business in Florida City & State City & State 5. FEI Number Applied For Coral Gables, Florida 200112241 Not Applicable Zip Country Zip Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 33134 USA Miami-Dade for a Certificate of Status 7. Name and Address of Current Registered Agent 600040253536 JOSEPHS L. FRANCOIS 08/17/04--01064--022 **2290.00 Street Address (P.O. Box Number is Not Acceptable) 113 NW 33RD STREET Suite, Apt. #, Etc. Zip Code State MIAMI 33127 8. I, being appointed the fegistered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of 07/25/2004 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Stréet Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each City / State / Zip Officers and/or Directors Officer and/or Director D JOSEPHS L. FRANCOIS 113 NW 33RD STREET **MIAMI,FL 33127** CHB MANUEL I. PEREZ 1825 PONCE DE LEON BLVD 262 CORAL GABLES, FL 33134 HERIBERTO C. PEREZ VALDES CEO 1825 PONCE DE LEON BLVD 262 CORAL GABLES.FL 33134

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 filling 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.

1825 PONCE DE LEON BLVD 262

1825 PONCE DE LEON BLVD 262

1825 PONCE DE LEON BLVD 262

SIGNATURE:

CFO

S

DANIEL FERNANDES ROJO FILHO

HERIBERTO C. PEREZ VALDES

HERIBERTO C. PEREZ VALDES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/25/04

239-691-4732

CORAL GABLES.FL 33134

CORAL GABLES.FL 33134

CORAL GABLES, FL 33134

Date

Daytime Phone #

3R2E081 (10/02)