

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

99 OCT 19 AM 11:24

DOCUMENT # **P98000095948**

1. Corporation Name

AMERICAN GENERAL CREDIT CORP.

Principal Place of Business

2620 N AUSTRALIAN AVE
SUITE 106
WEST PALM BEACH FL 33407

Mailing Address

2620 N AUSTRALIAN AVE
SUITE 106
WEST PALM BEACH FL 33407



If above addresses are incorrect in any way, line through incorrect information and enter correction below

REINSTATEMENT

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/09/1998

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. FEI Number

65-0874954

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	Louis DiMartino	10660 NW 37th St Coral Springs, FL 33065	Coral Springs, FL 33065
			200003029262--5 -10/23/99--01057--020 ***758.75 ***758.75

8. Name and Address of Current Registered Agent

DIMARTINO, LOUIS
10660 NW 37TH STREET
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

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]
REGISTERED AGENT MUST SIGN

Date 10-13-99

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

10-13-99

Date

561-366-8080

Daytime Phone #

CR25040 (8/99)