PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT 30 AM 8:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F00000005598

1. Corporation Name

B.O.A. AUTO FINANCE, INC.

Principal Place of Business	Mailing Address
10809 TURNE GROVE FISHERS IN 46038	10809 TURNE GROVE FISHERS IN 46038

2801

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	7249 Ulmerton Rd Suite, Apt. #, etc.
City & State	Largo FL
Zip / Country	33771 /

4. Date Incorporated or Qualified To Do Business in Florida: 10/05/2000

5. FEI Number: 35-2118471 APPLIED FOR ☐ Applied For ☐ Not Applicable

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
PCD	O'BRIEN, KURT E	10809 TURNE GROVE	FISHERS IN 46038
VD	ALETTO, GARY	2843 TOWNE DRIVE	CARMEL IN 46032
STD	BERRY, THOMAS R	6515 CALAIS CIRCLE	INDIANAPOLIS IN 46220
			600004690696--6 -11/21/01--01043--001 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

ADAMS, BRAD
7249 ULMERTON ROAD
LARGO FL 34698

9. Name and Address of New Registered Agent

Name: THOMAS R. BERRY
Street Address (P.O. Box Numbers Not Acceptable): 7249 ULMERTON ROAD
Suite, Apt. #, Etc.:
City: LARGO State: FL Zip Code: 33771

CR2E040 (8/01)

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: Thomas R Berry REQUIRED Date: 10/12/01
REGISTERED AGENT MUST SIGN

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)(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: Thomas R Berry REQUIRED 10/12/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #