

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 22 AM 10:04

DOCUMENT # F01000004979

1. Corporation Name

ACCEPTANCE FIRST LENDING CORPORATION

2. Principal Office Address

1101 HARRISON AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL.

City & State

Zip

32401

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/21/2001

5. FEI Number

59-3744968

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

KEVIN P. MASSEY

Street Address (P.O. Box Number is Not Acceptable)

16621 FRONT BEACH RD. STE. 221

Suite, Apt. #, Etc.

221

City

PANAMA CITY BEACH

State
FL

Zip Code
32413

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

REGISTERED AGENT MUST SIGN

Date

5-22-03

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
C.E.O.	KEVIN P. MASSEY	16621 Front Beach Rd. Suite 221	PANAMA CITY BEACH, FL 32413

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/22/03

Daytime Phone # 850-769-9801

CR2E081 (10/02)

2052

5-22-03

I did not receive the UBR for
2002.

✓
Kevin P. Barry, CEO