

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F94000003051

1. Corporation Name

National Auto Finance Corporation

FILED

00 FEB 15 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

700 S. Federal Hwy,
Suite 200
Boca Raton, FL 33432700 S. Federal Hwy,
Suite 200
Boca Raton, FL 33432

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

2. New Principal Office Address, If Applicable

Same as Above

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

6/10/94

5. FEI Number

65-0493629

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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---------------|---|--|--|
| President | Ray L. Shapiro | 1700 S. Federal Hwy, Ste 200 | Boca Raton, FL 33432 |
| President | Edgar A. Otto | 6400 Congress Ave, Ste 2800 | Boca Raton, FL 33432 |
| President | Stephen L. Burba | 1311 David Road South | Billeville, FL 33756 |
| | | | 600003140736--8 -02/21/00--01016--015 ****900.00 ****900.00 600003140736--8 -02/21/00--01016--016 *****8.75 *****8.75 LS |

8. Name and Address of Current Registered Agent

Same →

9. Name and Address of New Registered Agent

Name
C.T. Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd.
Suite, Apt. #, Etc.City
PlantationState
FLZip Code
33324

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

Barbara A. Burke

REGISTERED AGENT MUST SIGN

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date

2/14/00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.Yes ☐ No ☒(See other side for information
on intangible tax.)

12. 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

2/16/00

Daytime Phone #

561-417-0096 x112