

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000005767

1. Corporation Name

TRIAD FINANCIAL CORPORATION OF CALIFORNIA

Principal Place of Business

Mailing Address

7711 CENTER AVE
SUITE 100
HUNTINGTON BEACH CA 92647

7711 CENTER AVE
SUITE 100
HUNTINGTON BEACH CA 92647

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/1996

5. FEI Number

33-0356705

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
PD	LANDY, JAMES M	7711 CENTER AVE, SUITE 100	HUNTINGTON BEACH CA 92647
S	GLASSER, DEBRA G	7711 CENTER AVE, SUITE 100	HUNTINGTON BEACH CA 92647
T	WILHELMS, MIKE	7711 CENTER AVENUE, SUITE 250 100	HUNTINGTON BEACH CA 92647
D	SWARTZ, JAMES M	7711 CENTER AVE, SUITE 100	HUNTINGTON BEACH CA 92647
D	NOONE, JOHN T	7711 CENTER AVE, SUITE 100	HUNTINGTON BEACH CA 92647
AS	Maggie P. Lawson	7711 center Ave, Suite 100	Huntington Beach, CA 92647

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

600023971506

Suite, Apt. #, Etc.

10/21/03--01072--022 ***750.00

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

10/15/03

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:

Maggie P. Lawson

10/13/03

Date

Daytime Phone #