PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 JUN 12 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # F99000006470

1. Corporation Name

Auto Banc of South Florida Corporation

REINSTATEMENT 00-01

2. Principal Office Address	**3.** Mailing Office Address
50 SW Boca Raton Blvd	Two Parkwood Crossing
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	310 E 96th St, Ste 300
City & State: Boca Raton, FL	City & State: Indianapolis IN
Zip: 33432 Country: USA	Zip: 46240 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/15/1999

5. FEI Number: 223326343 ☐ 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: CT Corporation System

500004472065--9
07/13/01-01012-016
****900.00 ****00.00

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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

Jeffrey R. Graves
~~Assistant Secretary~~

Date: 5/9/01

CR2E081 (9/00)

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
D, P	James P. Hallett	Two Parkwood Crossing 310 E. 96th St, Ste 400	Indianapolis, IN 46240
D, T	William T. Stackhouse	Two Parkwood Crossing 310 E. 96th St, Ste 400	Indianapolis, IN 46240
VP	Terry Boyd	50 SW. Boca Raton Blvd	Boca Raton, FL 33432
S	Karen C. Turner	Two Parkwood Crossing 310 E 96th St., Ste 400	Indianapolis, IN 46240

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: _____ 5/31/01 317-815-9751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #