

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 31 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L77611**

1. Corporation Name

NAL ACCEPTANCE CORPORATION

2. Principal Office Address

11825 N. PENNSYLVANIA STREET

Suite, Apt. #, etc.

City & State

CARMEL, INDIANA 4

Zip

46032

Country

Hamilton

3. Mailing Office Address

11825 N. PENNSYLVANIA STREET

Suite, Apt. #, etc.

City & State

CARMEL, INDIANA

Zip

46032

Country

Hamilton

4. Date Incorporated or Qualified
To Do Business in Florida

6/1/90

5. FEI Number

59-3010303

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

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

1200 S. PINE ISLAND RD.

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

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

Date

12/31/2003

REGISTERED AGENT MUST SIGN

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
SVP	William T. Devanney, Jr.	11825 N. PENNSYLVANIA STREET	CARMEL, INDIANA 46032
S	Karl W. Kindig	11825 N. PENNSYLVANIA STREET	CARMEL, INDIANA 46032
D	Eugene M. Bullis	11825 N. PENNSYLVANIA STREET	CARMEL, INDIANA 46032

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:

Karl W. Kindig

KARL W. KINDIG, SECRETARY

317-817-4028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)