PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 16 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #: P00000112468

1. Corporation Name: UNION AUTO CREDIT, INC.

REINSTATEMENT 01-02

2. Principal Office Address	3. Mailing Office Address
6200 Arlington Exp	PO Box 19618
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32211 Country:	Zip: 32245 Country:

4. Date Incorporated or Qualified to Do Business in Florida:

5. FEI Number: [X] 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: Ahmed Neenia

Street Address (P.O. Box Number is Not Acceptable): 6200 Arlington Expressway

200008548592
10/23/02--01003--032 **900.00

Suite, Apt. #, Etc.:

City: Jacksonville, FL 32211 State: FL Zip Code:

8. I, being appointed the registered agent of the above named corporation, hereby accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: Ahmed Neenia Date:

REGISTERED AGENT SIGNATURE

9. Names and Street Addresses of Each Officer and/or Director (Do not leave blank. Must list at least 2 directors)

Titles	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Ahmed Neenia	6200 Arlington Exprway	Jacksonville, FL 32211
VP	Sami Ninya	6200 Arlington Exprway	Jacksonville, FL 32211

10. I certify that an officer or director of the corporation or the receiver or trustee empowered to execute this application as required by chapter 607 or 617, F.S.; I further certify that when filing this reinstatement application the corporation has complied with the requirements of section 607.1501 or 617.1501, F.S. that all fees owed by the corporation have been paid to the date of reinstatement and that the corporation is entitled to and qualify for reinstatement under section 607.1502, F.S. The information indicated on this application is true and accurate as of the date of this application. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Ahmed Neenia SP 10/16/02

SIGNATURE AND TITLE OR PRINTED NAME OF PERSON OBLIGATED TO SIGN ABOVE Date Telephone Number