

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000083624

FILED
Oct 14, 2009
Secretary of State

Entity Name: AMERICA'S CHOICE LENDING, INC.

Current Principal Place of Business:

500 MAIN STREET SUITE J
SAFETY HARBOR, FL 34695

New Principal Place of Business:

607 PARK BLVD.
OLDSMAR, FL 34677

Current Mailing Address:

500 MAIN STREET SUITE J
SAFETY HARBOR, FL 34695

New Mailing Address:

607 PARK BLVD.
OLDSMAR, FL 34677

FEI Number: 22-3861257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, SEBRON H
500 MAIN STREET
SUITE J
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

COLEMAN, SEBRON H
607 PARK BLVD.
OLDSMAR, FL 34677 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SEBRON COLEMAN

10/14/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COLEMAN, SEBRON H
Address: 500 MAIN STREET STE J
City-St-Zip: SAFETY HARBOR, FL 34695

Title: S () Delete
Name: COLEMAN, SEBRON H
Address: 500 MAIN STREET STE J
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COLEMAN, SEBRON H
Address: 607 PARK BLVD.
City-St-Zip: OLDSMAR, FL 34677

Title: S (X) Change () Addition
Name: COLEMAN, SEBRON H
Address: 607 PARK BLVD
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEBRON COLEMAN

P

10/14/2009

Electronic Signature of Signing Officer or Director

Date