

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -9 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000090186

1. Corporation Name

Financial Acceptance, Inc.

2. Principal Office Address - No P.O. Box #

5819 Milton Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

5819 Milton Avenue

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota, FL

Zip

34243

Country

Zip

34243

Country

800171654678
03/09/10--01018--010 **450.00
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

08/06/2003

5. FEI Number
38-3686536

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

Wayne F. Richardson CPA

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

5819 Milton Avenue

Suite, Apt. #, Etc

City

Sarasota

State

FL

Zip Code

34243

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Wayne F. Richardson

REGISTERED AGENT MUST SIGN

Date 01/10/2010

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
President	Wesley Harrell	9910 Alavista Drive	Gibsonton FL 33534

REINSTATEMENT

RH

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Wesley Harrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/2010

Date

Daytime Phone #