

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -8 AM 9:12

DOCUMENT # **P03000093369**

1. Corporation Name

American Lending Capital Corp.

100066252211
02/21/06--01012--027 **458.75

REINSTATEMENT 04-06
CR2E081 (12/05)

2. Principal Office Address
134 Fifth Avenue

3. Mailing Office Address
134 Fifth Avenue

Suite, Apt. #, etc.
Suite 208

Suite, Apt. #, etc.
Suite 208

City & State
Indialantic, Florida

City & State
Indialantic, Florida

4. Date Incorporated or Qualified
To Do Business in Florida **08/26/2003**

5. FFL Number
20-0406122

Applied For
Not Applicable

Zip
32903

Country
Brevard

Zip
32903

Country
Brevard

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jonathan N Powell

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

134 Fifth Avenue

Suite, Apt. #, Etc.

Suite 208

City

Indialantic

State
FL

Zip Code
32903

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

Jonathan N Powell

REGISTERED AGENT MUST SIGN

Date

2-08-06

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
P	Jonathan N. Powell	134 Fifth Avenue, Suite 208	Indialantic, FL 32903

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 contained in Chapter 119, 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:

Jonathan N Powell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-08-06

Daytime Phone #

321-768-8898

February 8, 2006

Attention: Florida Department of State
Division of Corporations

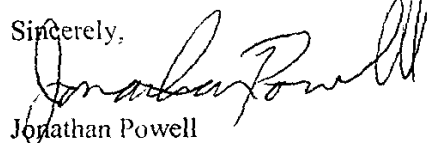
Reference: **Document # P03000093369**
American Lending Capital Corp.

Dear Sir or Madam,

I was recently notified by a client that my corporation is being reported as Dissolved or Inactive! I immediately contacted your office, the Division of Corporations, and explained that we had never received any requests by the State of Florida for renewal of this corporation due to the fact that I moved the business to a new address and we never received any requests from the state to renew the license. In addition, I was unaware that I was required by the State of Florida to renew my corporation every year in order to keep it an Active Corporation.

I certify these statements are true and accurate. I was advised to send my request to the State of Florida explaining my situation and respectfully request any penalties be Waived. I have enclosed a check in the amount of \$458.75 which includes all of the renewal fees owed to the State Of Florida in the amount of \$450.00 plus an additional \$8.75 for a certificate of status.

Sincerely,



Jonathan Powell
American Lending Capital Corp.
134 Fifth Avenue, Suite 208
Indianapolis, FL 32903
(888) 475-9993 ext. 11
(321) 768-8891 fax
Email: Jonathan@golend.com