

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 22 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P36535**

1. Corporation Name

AUTO ONE ACCEPTANCE CORPORATION

5550 LBJ Freeway
300 St. Paul Place

2. Principal Office Address

5550 LBJ Freeway

3. Mailing Office Address

300 St. Paul Place

Suite, Apt. #, etc.

Suite 901

Suite, Apt. #, etc.

BSP10D

City & State

Dallas, TX

City & State

Baltimore, MD

Zip

75240

Country

USA

Zip

21202

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
75-2252996

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 Road

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

Jennifer A. Shantz

REGISTERED AGENT MUST SIGN

Date

6/18/04

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
D/P	Mary McDowell	2208 Highway #121	Bedford, TX 76021
S	John A. Fietz	250 E. Carpenter Freeway	Irving, TX
T	Paul Panek	2208 Highway #121	Bedford, TX 76021
D	Harry D. Goff	300 St. Paul Place	Baltimore, MD 21202
D	Martin J. Wong	399 Park Ave	New York, NY 10043

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:

U. A. Shantz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/04

Date

(410) 332-3000

Daytime Phone #

CR2E081 (01/04)