PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 27 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000021703

1. Corporation Name

AMERITRUST ACCEPTANCE CORPORATION

REINSTATEMENT 94-04

2. Principal Office Address	**3.** Mailing Office Address
1825 Ponce De Leon BLVD	SAME
Suite, Apt. #, etc.: 262	Suite, Apt. #, etc.:
City & State: Coral Gables, Florida	City & State:
Zip: 33134 / Country: Miami-Dade	Zip: / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/22/1993

5. FEI Number: 200112241 ☐ 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: JOSEPHS L. FRANCOIS

600040253586
08/17/04--01064--022 **229.00

Street Address (P.O. Box Number is Not Acceptable): 113 NW 33RD STREET

Suite, Apt. #, Etc.:

City: MIAMI | State: FL | Zip Code: 33127

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: Joseph Francois — REGISTERED AGENT MUST SIGN — Date: 07/25/2004

CR2E081 (10/02)

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	JOSEPHS L. FRANCOIS	113 NW 33RD STREET	MIAMI,FL 33127
CHB	MANUEL I. PEREZ	1825 PONCE DE LEON BLVD 262	CORAL GABLES,FL 33134
CEO	HERIBERTO C. PEREZ VALDES	1825 PONCE DE LEON BLVD 262	CORAL GABLES,FL 33134
CFO	DANIEL FERNANDES ROJO FILHO	1825 PONCE DE LEON BLVD 262	CORAL GABLES,FL 33134
S	HERIBERTO C. PEREZ VALDES	1825 PONCE DE LEON BLVD 262	CORAL GABLES,FL 33134
T	HERIBERTO C. PEREZ VALDES	1825 PONCE DE LEON BLVD 262	CORAL GABLES,FL 33134

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: Joseph Francois — 07/25/04 — 239-691-4732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #