

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR -9 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000040033

1. Corporation Name

CMC ACCEPTANCE CORP.

2. Principal Office Address

2801 SW College Road

3. Mailing Office Address

28904 Valley Center Rd.

Suite, Apt. #, etc.

Suite 21

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Valley Center, CA

Zip

34474

Country

US

Zip

92082

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida 5/18/1995

5. FEI Number

593316215

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

Lally, Lucinda J.

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

5157 N.E. 60th Terrace

Suite, Apt. #, Etc.

City

Silver Springs

State
FL

Zip Code
34488

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

Lucinda J. Lally

REGISTERED AGENT MUST SIGN

Date 4-6-01

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	Lally, James A.	5157 NE 60th Terrace	Silver Springs FL 34488
VPSD	Whitfield, Charles B.	28904 Valley Center Rd.	Valley Center, CA 92082
			LS

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:

James A. Lally
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-01

Date

Daytime Phone #

CR2E081 (9/00)

2002

HART & GRAY

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

BRYCE W. ACKERMAN*
STEVEN H. GRAY
TIM HAINES
KARL V. HART, P.A.

* Board Certified in Civil Trial Law &
Business Litigation

ATTORNEYS AT LAW
125 N.E. FIRST AVENUE, SUITE 1
OCALA, FLORIDA 34470-0075
(352) 732-8121
FAX (352) 368-2183
E-mail: bryceackerman@HARTGRAY.COM

PHILLIP J. SHEEHE, OF COUNSEL
MIAMI OFFICE

ONE BISCAYNE TOWER • SUITE 1684
2 SOUTH BISCAYNE BOULEVARD
MIAMI, FLORIDA 33131
(305) 379-3515
FAX (305) 379-5404

April 6, 2001

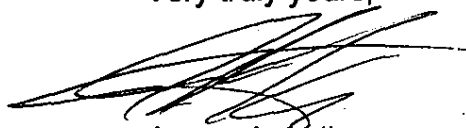
Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement of CMC Acceptance Corp.

Dear Sir/Madam:

This is to advise that we never received our Uniform Business Report for the above referenced corporation. Please waive the reinstatement fee.

Very truly yours,



James A. Lally
Director
CMC Acceptance Corp.

JAL:jh