

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY 17 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P970000096454**

1. Corporation Name
**AUTO FINANCE COMPANIES OF AMERICA,
INC**

2. Principal Office Address

14614 SW 174 Terr

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33177

Country

MIAMI-DADE

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 98-00

4. Date Incorporated or Qualified
To Do Business in Florida

Nov. 12, 1997

SP

5. FEI Number

65-0794682

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

Gerald J. D'Ambrosio, Esq. ATTORNEY AT LAW

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

199 E. Boca Raton Rd

Suite, Apt. #, Etc.

Suite 1A

City

Boca Raton

State
FL

Zip Code

33432

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **4-28-2000**

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
Pres.	Kenneth N. Hankin	14614 SW 174 Terr	MIAMI FL 33177
Trea.	James Wolff	199 E. Boca Raton Rd	Boca Raton FL 33432
Director	Kenneth Hankin	14614 SW 174 Terr	MIAMI FL 33177
Director	James Wolff	199 E. Boca Raton Rd.	Boca Raton FL 33432

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:

[Signature]

Kenneth HANKIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-28-2000

Daytime Phone #

**561-750
9924**