

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		FILED 00 DEC -7 PM 12:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # S 31725					
1. Corporation Name Auto Credit of America, Inc.					
Mailing Address		Principal Place of Business			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Mailing Address, If Applicable 343 Hamilton Shore Dr.		3. New Principal Office Address, If Applicable 343 Hamilton Shore Dr.		4. Date Incorporated or Qualified To Do Business in Florida 02-12-1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3051642	
City & State Winter Haven, FL		City & State Winter Haven, FL		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip 33881	Country US	Zip 33881	Country US	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
D	Peggy S. Mitchell	343 Hamilton Shore Dr.	Winter Haven, FL 33881		
			500003509465--0		
			-12/21/00--01002--012		
			*****17.50 *****8.75		
			REINSTATEMENT 99-00 78		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
John L. Mann, Attorney at Law			Name		
105 South Florida Avenue			Street Address (P.O. Box Number is Not Acceptable)		
Lakeland, FL 33801			500003509465--0		
			-12/21/00--01002--013		
			***1800.00 ***200.00		
			FL		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent				Date 12/5/00	
REGISTERED AGENT MUST SIGN					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Peggy S. Mitchell				Date 12/05/00 Daytime Phone # 439-9129	