

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

03 DEC 31 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L77611

1. Corporation Name

NAL ACCEPTANCE CORPORATION

**REINSTATEMENT**

03

2. Principal Office Address 11825 N. PENNSYLVANIA STREET Suite, Apt. #, etc.		3. Mailing Office Address 11825 N. PENNSYLVANIA STREET Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 6/1/90	
City & State CARMEL, INDIANA 4		City & State CARMEL, INDIANA		5. FEI Number 59-3010303	
Zip 46032	Country Hamilton	Zip 46032	Country Hamilton	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 RD.

Suite, Apt. #, Etc.  
900026912949  
01/14/04-01025-022 \*\*750.00

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 Connie Bryan **CONNIE BRYAN**  
SPECIAL ASSISTANT SECRETARY  
REGISTERED AGENT MUST SIGN

Date 12/31/2003

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
SVP	William T. Devanney, Jr.	11825 N. PENNSYLVANIA STREET	CARMEL, INDIANA 46032
S	Karl W. Kindig	11825 N. PENNSYLVANIA STREET	CARMEL, INDIANA 46032
D	Eugene M. Bullis	11825 N. PENNSYLVANIA STREET	CARMEL, INDIANA 46032

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: Karl W Kindig **KARL W. KINDIG, SECRETARY** 317-817-4028  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

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