

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****300.00 ****300.00

01-02UBR

CORPORATION REINSTATEMENT



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

DOCUMENT # L77611

1. Corporation Name
NAL ACCEPTANCE CORPORATION

2. Principal Office Address 11825 N. PENNSYLVANIA ST		3. Mailing Office Address 11825 N. PENNSYLVANIA ST.	
Suite, Apt. #, etc. DEPT. B2B		Suite, Apt. #, etc. DEPT. B2B	
City & State CARMEL, INDIANA		City & State CARMEL, INDIANA	
Zip 46032	Country	Zip 46032	Country

4. Date Incorporated or Qualified To Do Business in Florida 6/1/1990

5. FEI Number 59-3010303	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$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.

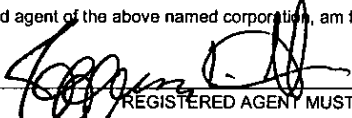
Suite, Apt. #, Etc.

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  **Jeffrey R. Graves**
Assistant Secretary Date 8/5/02

REGISTERED AGENT MUST SIGN

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
P, T	JAMES J. LARKIN	11825 N. PENNSYLVANIA ST.	CARMEL, IN 46032
VP	WILLIAM T. DEVANNEY, JR.	11825 N. PENNSYLVANIA ST.	CARMEL, IN 46032
S	RICHARD R. DYKHOUSE	11825 N. PENNSYLVANIA ST.	CARMEL, IN 46032
D	JAMES J. LARKIN	11825 N. PENNSYLVANIA ST.	CARMEL, IN 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:  **WILLIAM T. DEVANNEY, JR., VP** 317-817-6000

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

CR2E081 (9/01)

8/8/02



CONSECO

CONSECO SERVICES, L.L.C.
11815 N. Pennsylvania Street
P.O. Box 1911
Carmel, Indiana 46082-1911

August 2, 2002

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

Re: NAL Acceptance Corporation
Reinstatement

Dear Sir or Madam:

Enclosed for filing please find the Reinstatement application for the above-referenced company and a check in the amount of \$300.00, which represents the filing fee. We are requesting the late fee be waived due to the fact that we have not received the 2001 Annual Report. Thank you for your immediate processing of this report. Please return a file-marked copy of this letter for our records using the enclosed pre-addressed postage paid envelope. If you have any questions concerning this filing, please do not hesitate to contact the undersigned.

Sincerely,

Anna Buschmann
Corporate Paralegal
Conseco Services LLC
1-800-888-4918, ext. 6344

Encl.