

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV - 4 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000059036

1. Corporation Name
AMERICAN SAFE DRIVING ACADEMY, INC.

Principal Place of Business Mailing Address
ONE PURLIEU PL. ONE PURLIEU PL.
SUITE 242 SUITE 242
WINTER PARK FL 32782 WINTER PARK FL 32782



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 108 Sausalito Blvd Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 108 Sausalito Blvd Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 07/31/1995
City & State Casselberry Florida	City & State Casselberry Florida	5. FEI Number 59-3326616
Zip 32707	Zip 32707	Applied For Not Applicable
		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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	KORNEGAY, THOMAS S	3122 T.C.U. BLVD.	ORLANDO FL 32817
D	FRYE, THOMAS W	1450 SUNSET DR.	WINTER PARK FL 32789
D	SINGH, KAMLAWATTEE	2713 LOGANDALE DR.	ORLANDO FL 32817
			500002340935--7 -11/06/97--01120--012 ****758.75 ****758.75
			REINSTATEMENT 97 11-5-97

8. Name and Address of Current Registered Agent KORNEGAY, THOMAS S 3122 T.C.U. BLVD. ORLANDO FL 32817	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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: *Thomas S. Kornegay* Date: 10/30/97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on Intangible tax.)

12. 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: *Thomas S. Kornegay* 10/30/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)