

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 26 AM 10:57

DOCUMENT # P95000059036

1. Corporation Name

AMERICAN SAFE DRIVING ACADEMY, INC.

Principal Place of Business

Mailing Address

108 SANSALITO BLVD
CASSELBERRY FL 32707

108 SANSALITO BLVD
CASSELBERRY FL 32707

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



REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/31/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3326616

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$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	4 City / State / Zip
D	KORNEGAY, THOMAS S	108 SALSALITO BOULEVARD	CASSELBERRY FL 32707
D	FRYE, THOMAS W	1450 SUNSET DR.	WINTER PARK FL 32789
D	SINGH, KAMLAWATTEE	2713 LOGANDALE DR.	ORLANDO FL 32817

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-11/09/00--01126--003
****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KORNEGAY, THOMAS S
108 SAUSALITO BOULEVARD
CASSELBERRY FL 32707

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
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

Thomas S. Kornegay
REGISTERED AGENT MUST SIGN

Date

Oct 16, 2000

11. 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas S. Kornegay

10-16-00

407-332-1665

Date

Daytime Phone #

CR2E040 (9/00)