

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 20 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **998000049036**
1. Corporation Name
AUTOMOTIVE INDUSTRY INSURANCE, INC.

2. Principal Office Address
13312 W. COLONIAL DR.

3. Mailing Office Address
P O BOX 771082

Suite, Apt. #, etc.

SUITE 3

Suite, Apt. #, etc.

City & State
WINTER GARDEN, FL 34787

City & State
WINTER GARDEN, FL

Zip
34787

Country
ORANGE

Zip
34777-1082

Country
ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida **5/29/98**

5. FEI Number
59-3518303

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT ~~00~~ 03

7. Name and Address of Current Registered Agent

Name
GLENNA F. BRYAN

Street Address (P.O. Box Number is Not Acceptable)
13312 W. COLONIAL DR., SUITE #3

Suite, Apt. #, Etc.

City
WINTER GARDEN

State
FL

Zip Code
34787

600012800276
02/20/03--01007--019 **1000.00

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 *Glenna F. Bryan*
REGISTERED AGENT MUST SIGN

Date **2-13-03**

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
PRES	GLENNA F. BRYAN	13312 W. COLONIAL DR. #3	WINTER GARDEN, FL 34787
NO OTHER OFFICERS AT THIS TIME			

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.

Glenna F. Bryan, Pres.

SIGNATURE: *Glenna F. Bryan*

2-13-03

407 905-0305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

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