

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -2 AM 11:47

DOCUMENT # F98000002110

1. Corporation Name

FLORIDA DRIVERS, INC.

300003263103--5
-05/23/00--01039--011
***1058.75 ***1058.75

2. Principal Office Address

4530 Wisconsin Ave., NW
Suite, Apt. #, etc.

City & State

Washington, DC

Zip Country

20016 USA

3. Mailing Office Address

4530 Wisconsin Ave., NW
Suite, Apt. #, etc.

City & State

Washington, DC

Zip Country

20016 USA

REINSTATEMENT 99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/14/98

5. FEI Number

52-2091813

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee, FL

State

FL

Zip Code

32301

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 Georgia Byron Georgia Byron, Authorized Rep Date 4/28/00

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
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See attached list

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

& Assistant Secretary 4/27/00 (202) 895-1200

Date

Daytime Phone #

CR2E081 (9/99)

Florida Drivers, Inc.

State of Florida Corporation Reinstatement

Item 9.

TITLES	NAME	STREET ADDRESS of EACH OFFICER and/or DIRECTOR	CITY/ STATE / ZIP
D, P	Vincent A. Wolfington	4530 Wisconsin Ave., NW	Washington, DC 20016
D, S	Don R. Dailey	4530 Wisconsin Ave., NW	Washington, DC 20016
D, Executive VP & T	David H. Haedicke	4530 Wisconsin Ave., NW	Washington, DC 20016
VP & General Manager	Rob Hamman	1500 Belvedere Road	West Palm Beach, FL 33406
VP	Guy C. Thomas	4530 Wisconsin Ave., NW	Washington, DC 20016
VP	Devin J. Murphy	4530 Wisconsin Ave., NW	Washington, DC 20016
VP & Assistant Secretary	Gary L. Kessler	4530 Wisconsin Ave., NW	Washington, DC 20016