

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 28 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G 96906**

1. Corporation Name

FLORIDA Auto INSURANCE INC.

2. Principal Office Address

6740 TAFT ST.

Suite, Apt. #, etc.

3. Mailing Office Address

6740 TAFT ST.

Suite, Apt. #, etc.

City & State

Hollywood, FL.

Zip

33024

Country

U.S.A.

City & State

Hollywood, FL.

Zip

33024

Country

U.S.A.

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

4/20/1984

5. FEI Number

59-2396813

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

DAVID J. LYNCH

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

224 Commercial BLVD. SW

Suite, Apt. #, Etc.

Suite 310

City

Lauderdale by The Sea

State

FL

Zip Code

33308

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**

J. David Lynch
REGISTERED AGENT MUST SIGN

Date

4/24/03

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.	Michel Shlimowitz	6740 TAFT ST.	Hollywood, FL 33024

100017193241
04/28/03--01089--025 **458.75

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

Michel Shlimowitz

Date

Daytime Phone #

4/24/03 (954) 963-7333

CR2E081 (10/02)

7/4/29

FLORIDA AUTO INSURANCE INC.
6740 TAFT STREET
HOLLYWOOD, FLORIDA 33024
(954) 963-7333
FAX: (954) 962-8400

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 EAST GAINES STREET
TALLAHASSEE, FL. 32399

APRIL 24, 2003

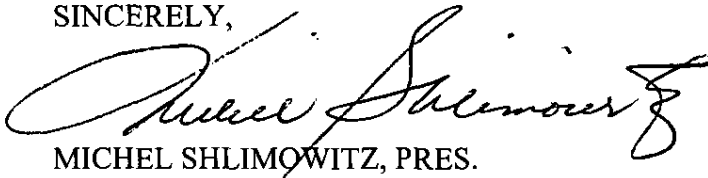
TO WHOM IT MAY CONCERN:

PER OUR PHONE CONVERSATION WITH BARBARA TODAY, I AM
ENCLOSING A COMPLETED CORPORATION REINSTATEMENT FORM ALONG
WITH THE CHECK SHE TOLD ME TO SEND OF \$450.00 + \$8.75 ADDITIONAL
FEE FOR A CERTIFICATE OF STATUS, EQUALING \$458.75. PLEASE WAIVE
ANY OTHER FEES DUE TO THE FACT THE UBR'S WERE NOT RECEIVED.

IF THERE ARE ANY PROBLEMS, PLEASE FEEL FREE TO CONTACT ME AT
THE ABOVE PHONE NUMBERS.

THANK YOU.

SINCERELY,

A handwritten signature in black ink, appearing to read "Michel Shlimowitz", with a stylized flourish at the end.

MICHEL SHLIMOWITZ, PRES.
ENCLOSURE

GG:MS