PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC 20 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 97000002930

1. Corporation Name

American Driving Institute, Inc.

REINSTATEMENT 2000 05

CR2E081 (8/05)

2. Principal Office Address	**3.** Mailing Office Address
491 Grandview Ave	491 Grandview Ave
Suite, Apt. #, etc. ~~Dr~~	Suite, Apt. #, etc.
City & State: Ormond Beach, FL	City & State: Ormond Beach FL
Zip: 32176 Country: USA	Zip: 32176 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: MAY 19, 1997

5. FEI Number: 65076 1355 ☐ 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: Alison Ingram

100062292301
12/20/05--01035--015 **542.50

Street Address (P.O. Box Number is Not Acceptable): 491 Grandview Ave

Suite, Apt. #, Etc.:

City: Ormond Beach | State: FL | Zip Code: 32176

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: Alingram — REGISTERED AGENT MUST SIGN — Date: 12/19/05

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
PTD	Alison Ingram	491 Grandview Ave	Ormond Beach FL 32176
VPOS	Michael Ingram	491 Grandview Ave	Ormond Beach FL 32176
D	Lydia Flugger	1250-9 McGregor Blvd	Ft. Myers, FL 33919

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: Alingram Alison Ingram — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 12/19/05 Date — 386 235 5594 Daytime Phone #