

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED

02 MAR 20 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P00000017427

1. Corporation Name

CIGNA AUTOMOTIVE INC.

2. Principal Office Address

2701 N. DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Office Address

2701 N. DIXIE HWY

Suite, Apt. #, etc.

City & State

POMPANU BCH FL

City & State

POMPANU BCH FL

Zip

33064

Country

USA

Zip

33064

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0982987

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

STEVEN CIGNA

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

2170 NE 44 COURT

Suite, Apt. #, Etc.

City

LIGHTHOUSE POINT

State
FL

Zip Code

33064

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

Steven Cigna

Date 3-18-02

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
Pres	STEVEN CIGNA	2170 NE 44 CT	LIGHTHOUSE PT FL
VP	"	"	" 33064
Sec	"	"	"
Treas	"	"	"

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:

Steven Cigna

STEVEN CIGNA

Date

3/18/02

Daytime Phone #

954 545-9686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

***Cigna Automotive, inc.
d/b/a AAA Wholesale Transmissions
2701 North Dixie Highway
Pompano Beach FL 33064
(954) 545-9698***

March 18, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporate Reinstatement

Dear Sir/Madam:

Pursuant to our telephone conversation of last week, enclosed please find our application for Corporation Reinstatement.

Kindly note that I was not aware that our corporation was dissolved until I called your office requesting information on our renewal which I know needs to be postmarked no later than May 1st. Since I did not receive our yearly renewal packet, I was prompted to contact your office. At that time, I was informed our corporation was dissolved due to non payment of fees.

Last year, my daughter was our office bookkeeper. In researching our records, I found that she did mail a check in the amount of \$150 payable to the Department of State for filing fees. This check was mailed on April 13, 2001. However, for unknown reasons, this check was not processed by your office, nor was it returned to us. I have enclosed copies of our records for your review. We did not receive notice that our corporation was dissolved or any correspondence from the state. Please review your records to confirm our mailing address.

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Division of Corporations
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At your request, I have enclosed a check in the amount of \$300 payable to the Department of State for reinstatement. Please consider our request.

Please contact me if you should require additional information. Thank you for your attention.

Very truly yours,

Mary Cigna
Bookkeeper

/mc
enclosures