

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000068135

1. Corporation Name

No Points Traffic School

2. Principal Office Address

324 Windmill PALM Ave

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33324

Country

USA

3. Mailing Office Address

324 Windmill PALM Ave

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33324

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

7/11/2001

5. FEI Number

65-1124005

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

Tammy Kowitt

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

324 Windmill PALM Ave

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Tammy R. Kowitt

REGISTERED AGENT MUST SIGN

Date 11-10-03

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 |
|--------|--------------------------------------|---|-----------------------|
| P | Tammy Kowitt | 324 Windmill PALM Ave | Plantation, FL, 33324 |
| VP | Kimberly Unger | 12661 NW 78th Menor | Parkland, FL 33076 |
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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:

Tammy R. Kowitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03

Date

954-370-9999

Daytime Phone #

CR2E081 (10/02)