

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 14 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



600023783096
10/14/03--01020--006 **150.00

DOCUMENT # P02000060075

1. Corporation Name

AMERICAN TRANSPORTATION INSURANCE GROUP, INC.

Principal Place of Business

Mailing Address

7815 NORTH DALE MABRY HIGHWAY
SUITE 107
TAMPA FL 33614

7815 NORTH DALE MABRY HIGHWAY
SUITE 107
TAMPA FL 33614

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/30/2002

5. FEI Number

62-1867036

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	JONES, DAVE	7815 NORTH DALE MABRY HIGHWAY SU	TAMPA FL 33614
D	GOBEL, MIKE	6706 RED OAK	SHAWNEE KS 66217
D	O'KELLY, GARY	10405 KING	OVERLAND PARK KS 66214
D	CONSTANTINE, SAM	5624 KEARNY VILLA RD	SAN DIEGO CA 92123
D	BOLEN, BILL	2800 LIVESEY COURT	TUCKER GA 30084

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JONES, DAVE
7815 NORTH DALE MABRY HIGHWAY
SUITE 107
TAMPA FL 33614

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Jan Jan
REGISTERED AGENT MUST SIGN

Date

10/14/03

11. 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:

Bob Ruddenberry President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/03

Daytime Phone #

813-977-2550

CR2040 (7/03)



October 9, 2003

Department of State
Division of Corporation
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee FL 32314-6327

Re: Application for Reinstatement

To whom it may concern,

We received the Certificate of Administrative Dissolution or Revocation of our corporation by mail on October 7. Please be advised that I could find no UBR notices in any of our state or corporate related files. After discussing this matter with a customer service representative and reviewing all the information under IMPORTANT FACTS, I am enclosing a check for \$150 with my request to reinstate our corporate status.

If there is any additional information needed, please advise and I will address your request immediately. Thank you in advance for your assistance in this matter.

Regards,


Bob Roddenberry