## 2005 FOR PROFIT CORPORATI REINSTATEMENT DOCUMENT # P02000082143

AAA - AC		OF DRIVING, INC.					05 FEB	28 A	9:01	ŕ
370 CENTER POINTE CIR STE 1124			370 CENTE	Mailing Address 370 CENTER POINTE CIR STE 1124 ALTAMONTE SPRINGS, FL 32701			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business 236 Winter woods Suite, Apt. #, etc.			3. Mailing Ad	3. Mailing Address 2236 Winter woods Suite, Apt. #, etc.			02112005 REIN-P	EM BEIST LEILE	E098 (6/04)	
City & State	PL	 Fr	City & State		FG		4. FEI Number 27-0061138		Ap	plied For
32793		Country 915 A	Zip 3279。	ي ي	Country 21.5A		5. Certificate of Status Desired	×	\$8.75 Add Fee Require	litional
6. Name and Address of Current Registered Agent					√ Namoe →	-	7. Name and Address of New	Registered	Agent	
COTRINO					<u>Jek</u> Street Ad	dress (F	P.O. Box Number is Not Acceptal	nle)		
370 CENTER POINTE CIR STE 1124 ALTAMONTE SPRINGS, FL 32701					22	<u> </u>	Winter woo	ds B	1000	
					City	nter	Park FL.		Zio Cod	e
8 The above	named entity	v submits this statement for	the ournose of	changing its re	egistered office or	register	ed agent or both in the State of	Florida Lam		سراس
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
	FILE NOW!!! FEE IS \$900.00				REINSTATEMENT 04-05					
Fii	LE NOW!!!	FEE IS \$900.00			R	EI		10	4-0	5
Fi1	LE NOW!!!	OFFICERS AND I	DIRECTORS		R	EIN		FFICERS AN	J	5 S IN 11
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10.	D Dre.	OFFICERS AND I			11.		ISTATEMEN	·	☐ Change	☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0 Q - 15 - 05 Dayline Phone #

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P02000082143 R
AAA - ACADEMY OF DRIVING, INC.
ATTN: DEBBIE SHOOTER COTRINO
2236 WINTER WOODS BLVD.
WINTER PARK FL 32792

I moved and did not know that I did not get all letters or renewal notice. Please find enclosed a chock for 308.75 for filing fees and certificate of states report. Thank you. Please send all information a certificate to above address.

Total 38.750