

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 1 82

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
W 0520 005710

DOCUMENT # **PO2000130400**

1. Corporation Name
A Budget Insurance Services Inc

2. Principal Office Address
4345 University Blvd.
Suite, Apt. #, Etc.
Suite #5
City & State
Jacksonville
Zip
32216 County
Duval

3. Mailing Office Address
Same
Suite, Apt. #, Etc.
Same
City & State
Same
Zip
X County
X

FILED
05 MAR 31 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida
12-11-2002

5. FEI Number
75-2998620 ☒ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ☒ I am not a corporation

7. Name and Address of Current Registered Agent

Name
Winter, W. Alan ESQ

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

Suite, Apt. #, Etc.

City
Neptune Beach State
FL Zip Code
32266

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
W. Alan Winter Date
2-8-2005

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Smith, Libby Yates	4562 Island Dr. Jax, FL 32200	

500049778285
04/04/05--01019--010 **150
500049778285
04/04/05--01019--011 **300

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 taxes 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(2)(b), 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: **Libby Yates Smith** 2/9/05 (904) 731-5045
Date: **2/9/05** Daytime Phone: **(904) 731-5045**

G. Roberts MAR 21 2005

B 2002

**A BUDGET INSURANCE
4345-5 UNIVERSITY BLVD S.
JACKSONVILLE, FL 32216
904-731-5045**

3/29/2005

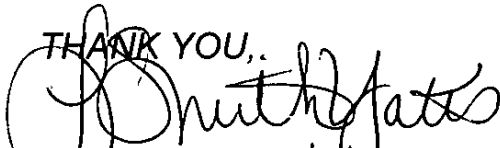
FLORIDA CORPORATIONS
REINSTATEMENT DEPARTMENT

ATTN: TINA ROBERTS

RE: A BUDGET INSURANCE
DOC# PO 2000130400

PLEASE WAIVE THE REINSTATEMENT FEE, AS FOR I DID
NOT RECEIVE THE 2003 TO PRESENT REPORTS. IF THERE
ARE ANY QUESTIONS AND/OR PROBLEMS, PLEASE
CONTACT ME AT THE NUMBER LISTED ABOVE.

THANK YOU,


LIBBY SMITH - yaks

PAID CK# 1081 --- \$300
CK# 1084 --- \$150
TOTAL \$450