PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PS 1 02

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W05200015770

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

DOCUMENT # P02000130400

1. Corporation Name
A Budget Insurance Services Inc

REINSTATEMENT 03-05

2. Principal Office Address	3. Mailing Office Address
4345 University Blvd.	Same
Suite, Apt. #, etc. Suite #5	Suite, Apt. #, etc. Same
City & State Jacksonville	City & State Same
Zip 32216 County Duval	Zip X Country X

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

5. FEI Number 75-2998620 X Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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: 1-8-2005
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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	14562 Island Dr. Jax, FL 32250	
			500049778285 04/04/05--01019--010 **150.00
			500049778285 04/04/05--01019--011 **300.00

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: Libby Yates Smith 2/9/05 (904) 731-5045
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C. Roberts MAR 31 2005

P52B2

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-Yates

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