

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000046598

1. Corporation Name

AUTOMATED INSURANCE MANAGER, INC.

Principal Place of Business

1535 N MAITLAND AVE
MAITLAND FL 32751

Mailing Address

1535 N MAITLAND AVE
MAITLAND FL 32751

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/20/1994

5. FEI Number

59-3314488

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	RUSSELL, RODNEY J	1535 N MAITLAND AVE	MAITLAND FL 32751
D	REGISTER, LLOYD E	507 FORESTWOOD CT	MAITLAND FL 32751
D	REGISTER, SHARON	507 FORESTWOOD CT	MAITLAND FL 32751
ST	PACE, ERICK	1535 N. MAITLAND AVE.	MAINTLAND FL 32751

REINSTATEMENT

57

500 11-6-97

8. Name and Address of Current Registered Agent

REGISTER, LLOYD
1535 N MAITLAND AVE
MAITLAND FL 32751

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

000002344760-0

11/12/97

****758.75 FL ****758.75

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/3/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

[Signature]
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Erick Pace

11/3/97

407-260-2220
Daytime Phone #

CR2E040 (8/97)