

P95000035508

AUTO INSURANCE CENTER
LAKE LAND
1267 W. ARIANA ST.
LAKE LAND, FLORIDA 33303

OFFICE USE ONLY

100001470171
-05/01/95--01102--002
****122.50 ****122.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY - 1 PM 3:44

5/5/95

Examiner's Initials



RECEIVED APR 7 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 5, 1995

PAT BISHOP
A.I.C., INC.
1267 W ARIANA STREET
LAKELAND, FL 33803

SUBJECT: A.I.C., INC.
Ref. Number: W95000007352

We have received your document for A.I.C., INC. and check(s) totaling \$250.00. However, your check(s) and document are being returned for the following:

We are returning your check for \$250.00 to be replaced by one in the correct amount of \$122.50.

The corporate fees are as follows:

CORPORATIONS FILING FEES

Profit and NonProfit
Florida & Foreign Corp.

Filing Fees	\$35.
Registered Agent Designation	\$35.
Certified Copy	\$52.50
Total Fee Due	\$122.50

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

4/26/95 - Attach is completed form as requested

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
55 MAY - 1 PM 3:44

ARTICLES OF INCORPORATION OF

ALL INSURANCE CENTER, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: ALL INSURANCE CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1267 W. Ariana Street
Lakeland, Florida 33803

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Pat Bishop
All Insurance Center, Inc.
1267 W. Ariana St
Lakeland, FL 33803

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

VP./Dir. - Pat Bishop
1018 Crestview Ave
Lakeland, FL 33801

Pres./Dir. - Melissa Nealey
2204 Country Loop N
Lakeland, FL 33811

Sec./Treasurer: Max Glass
603 Young Place
Lakeland, FL 33803

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

1st day of August, 1901.

Pat Bishop
Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY - 1 PM 3:44

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: ALL INSURANCE CENTER, INC.

1267 W. Ariana St, Lakeland, FL 33803

2. The name and address of the registered agent and office is:

Pat Bishop
All Insurance Center, Inc.

(Name)

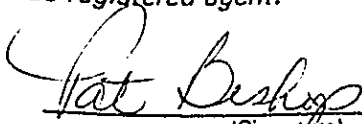
1267 W. Ariana St

(P.O. Box ~~not~~ acceptable)

Lakeland, FL 33803

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Signature)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

96 SEP 20 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000035508**

1 Corporation Name

ALL INSURANCE CENTER, INC.



REINSTATEMENT **96**

Principal Place of Business

1267 W. ARIANA STREET
LAKELAND FL 33803

Mailing Address

1267 W. ARIANA STREET
LAKELAND FL 33803

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

4 Date Incorporated or Qualified
To Do Business in Florida

05/01/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3197285

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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
VD	BISHOP, PAT Autumn Miller	1000 BISHOP ST P.O. BOX 1023 NA	LAKELAND FL 33801 33802
PD	NEALEY, MELISSA	2001 COUNTRY LANE 1267 W. Ariana St	LAKELAND FL 33804 33803
ST	GLASS, MAX Diana King	603 YOUNG PLACE 532 Chestnut Rd	LAKELAND FL 33803 33801

RECEIVED
-10/04/96-01003-014
***\$35.00 ***\$35.00
9/10/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~BISHOP, PAT~~ DIANA KING
1267 W. ARIANA STREET
LAKELAND FL 33803

Name Diana King
Street Address (P.O. Box Number is Not Acceptable)
1267 W. Ariana St.

Suite, Apt. #, Etc.

City Lakeland

State FL

Zip Code

33803

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0565, F.S.

Signature of
Registered Agent

Diana King
REGISTERED AGENT MUST SIGN

Date

9-17-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Diana King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-17-96 (941) 683-0896

CR2E040 (7/96)