

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN 27 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000064581

1. Corporation Name

AAAA AUTO INSURANCE OF ORLANDO INC

2. Principal Office Address

Orlando FL 32812
4522 CARRY FORD RD

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 680457
Orlando FL 32868

Suite, Apt. #, etc.

City & State

Orlando FL 32812

Zip

Country

City & State

Orlando FL 32868

Zip

Country

500006105225--9

-06/28/02--01053--011

****308.75 ****308.75

4. Date Incorporated or Qualified To Do Business in Florida

8/21/1995

5. FEI Number

593331964

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael S. BRASON

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

4333 Woodtree Lane

Suite, Apt. #, Etc.

City

Orlando FL 32835

State

FL

Zip Code

32835

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

Michael Brason
REGISTERED AGENT MUST SIGN

Date

4/24/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	M.S. Michael S. Brason	4333 Woodtree Lane	Orlando FL 32835

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:

Michael S. Brason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/02

Daytime Phone #

407-302-0973

CR2E081 (9/01)

April 29, 2002

To Whom it may Concern:

Please Wave the penalty on the reinstatement of: AAAA Auto Insurance of Orlando Inc.

I never received notice to file for continuation of the corporation, or any other notices regarding the dissolution of said corporation. Apparently, all notices were sent to the wrong address.

I was unaware of the dissolution until I called the department regarding the AAAA Auto Insurance of Orlando Inc renewal for the year. At which time, they informed me of the problem and sent me a reinstatement form.

Your understanding in waving the penalty charge is greatly appreciated.

Thank You!

Michael S. GRASON, Pres.

AAAA AUTO INSURANCE

AAAA Auto Insurance OF Orlando Inc.

AAAA AUTO INSURANCE

4/30/02 *[Signature]*