2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000085336

2325 NW 195 ST

MIAMI, FL

Address:

City-St-Zip:

Entity Name: DDIME ALITO INCLIDANCE

FILED Oct 27, 2008 Secretary of State

Entity Nar	ne: PRIME A	UTO INSURANCE, INC.			
Current Pi	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
14538 W D MIAMI, FL					
Current M	ailing Addres	ss:	New Mailing Address	New Mailing Address:	
14538 W D MIAMI, FL					
FEI Number:	65-0627920	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
19320 NW	I, JOSEPH P 23RD AVE RDENS, FL 33	3056 US			
The above in the State		submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR		P. MARCELIN			
Electronic Signature of Registered Agent			gent	Date	
		3(2)(b), F.S., the corporation did g Trust Fund Contribution ().	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () MARCELIN, JO 19320 NW 23 A MIAMI, FL 330	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () MARCELIN, WI 19320 NW 23 A MIAMI, FL 330	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	SD () LOUISSAINT, N) Delete NCOLE M	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOSEPH P. MARCELIN PD 10/27/2008