

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

FOR
REINSTATEMENT



Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -7 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000036244

1. Corporation Name

ALLSTATE AUTO FINANCE CO., INC.

Principal Place of Business

Mailing Address

3695 - 54TH AVENUE NORTH
SUITE 1
ST. PETERSBURG FL 33714

3695 - 54TH AVENUE NORTH
SUITE 1
ST. PETERSBURG FL 33714

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

04/21/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3439826

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	SMITH, ROBERT H	3695 - 54TH AVENUE NORTH SUITE 1	ST. PETERSBURG FL 33714
VP	SMITH, ROBERT H	3695 - 54TH AVENUE NORTH SUITE 1	ST. PETERSBURG FL 33714

3000008879083
11/07/02--01089--012 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, ROBERT H
3695 - 54TH AVENUE NORTH
SUITE 1
ST. PETERSBURG FL 33714

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Robert H. Smith

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10 20 02

11. 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:

Robert H. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

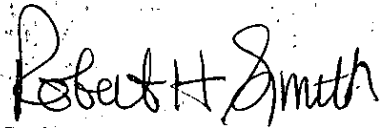
Daytime Phone #

10 20 02 7273410303

**ALLSTATE AUTO FINANCE
3695 54TH AVE. NORTH
SUITE 1
ST. PETERBURG, FL. 33714**

This letter is to inform the State of Florida that there was no intent on our part for not filing our corporate report for 2002. This business did move to the above location during the month of February and March of this year.

We are asking to be reinstated and to have the \$600.00 fee waived.

A handwritten signature in black ink that reads "Robert H. Smith". The signature is written in a cursive style with a large, stylized "R" and "S".

Robert H. Smith
Owner/President