

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL
AND
FILED

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 JAN 20 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000036244

1. Corporation Name

ALLSTATE AUTO FINANCE CO., INC.

900065821359
02/14/06--01024--004 **458.75

2. Principal Office Address

1446 So Pasadena Ave

3. Mailing Office Address

1446 So Pasadena Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

South Pasadena, FL

City & State

South Pasadena, FL

Zip
33707

Country
Pinellas

Zip
33707

Country
Pinellas

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 1997

5. EEL Number
59-3439826

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

ROBERT H. SMITH

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

1446 So Pasadena Avenue

Suite, Apt. #, Etc.

City

South Pasadena

State

FL

Zip Code

33707

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

Robert H. Smith

Date 1-11-06

REGISTERED AGENT MUST SIGN

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
P,VP,S,T	ROBERT H. SMITH	1446 So Pasadena Avenue	South Pasadena, FL 33707

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 contained in Chapter 119, 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

1-11-06 727560-7178

Daytime Phone #

K. Eckel JAN 23 2006

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LAW OFFICES
OF
Bacon, Bacon, Goddard & Ramsberger, P.A.

An Association of Professional Associations
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January 12, 2006

VIA OVERNIGHT DELIVERY

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**IN RE: Allstate Auto Finance, Inc.
Document # P97000036244**

To whom it shall concern:

I am legal counsel for Allstate Auto Finance, Inc., a corporation which has been administratively dissolved based upon a failure to timely file an annual report. Allstate Auto Finance, Inc. had its principal place of business at 3695-54th Avenue North, Suite 1, St. Petersburg, Florida from 1997 until 2003 when the business moved. No communications or annual reports were forwarded to Allstate Auto Finance, Inc. subsequent to its move in 1993. Therefore, the corporation did not file an annual report for 2004 and subsequent years as reflected by state records.

The purpose of this letter is to request the State to waive the Reinstatement Fee of \$600.00. I am enclosing herewith an Application for Reinstatement and check in the amount of \$458.75 which represents payment of the following:

1. Annual Report Fee for years 2004, 2005 and 2006;
2. Corporate Supplemental Fee for year 2004, 2005 and 2006; and
3. A Certificate of Status.

Should you have any questions or comments regarding the above, please advise me accordingly. Thanking you for your attention to the foregoing, I am

Yours very truly
BACON & BACON, P.A.

DAVID A. BACON, Esquire

DAB/jlf

Enclosure