

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000080273

1. Corporation Name

Auto Insurance USA, Inc.

2. Principal Office Address

3132 N. Federal Highway

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

Zip

33064

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

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

9/16/97

5. FEI Number

650781802

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

03 NOV 18 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

200024806612
11/18/03--01057--008 **900.00

7. Name and Address of Current Registered Agent

Name

Daniel C. Stewart

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

7421 S.W. 13th Street

Suite, Apt. #, Etc.

City

North Lauderdale

State

FL

Zip Code

33068

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

Daniel C. Stewart

REGISTERED AGENT MUST SIGN

Date 11/04/03

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
S,T,D	Daniel C. Stewart	7421 S.W. 13th Street	N. Lauderdale, FL 33068
P,D	Robert Pewlun	3132 N. Federal Highway	Lighthouse Point, FL 33064

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:

Daniel C. Stewart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-04-03

Daytime Phone #

9544153193

CR2E081 (10/02)