

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000088830			
1. Corporation Name Specialty Auto Brokers, Inc.			
2. Principal Office Address 3750 Beach Blvd. Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State 	
Zip 32207	Country USA	Zip 	Country

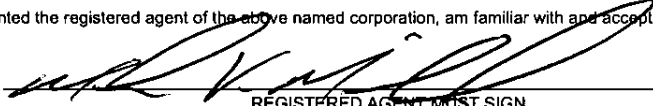
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

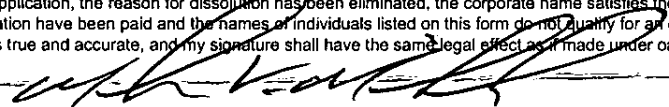
REINSTATEMENT 01-02
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-03/27/02--01004--017
****900.00 ****900.00

4. Date Incorporated or Qualified To Do Business in Florida 10/14/97	
5. FEI Number 59-3478237	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 Mark V. Musielak		
Street Address (P.O. Box Number is Not Acceptable) 3750 Beach Boulevard		
Suite, Apt. #, Etc. 		
City Jacksonville	State FL	Zip Code 32207

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 	Date 2/28/02
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/D	Hubbart, James A.	3750 Beach Blvd.	Jacksonville, FL 32207
S/T/D	Musielak, Mark V.	3750 Beach Blvd.	Jacksonville, FL 32207

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:  Mark V. Musielak, Secretary	904-393-9023 Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E081 (9/01)