

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 16 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000103472

1. Corporation Name

ATLANTIC DRIVING SCHOOL OF FLORIDA, INC.

Principal Place of Business

Mailing Address

100 SOUTH SCENIC HIGHWAY  
STE 101  
LAKE WALES FL 33853

P.O. BOX 4062  
LAKE WALES FL 33859-4062



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

12/08/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3482295

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
ST	ARCEO, RUDY C	C/O 100 S SCENIC HIGHWAY	LAKE WALES FL 33853
P	LASHIN, MARCO O	C/O 100 S SCENIC HWY STE 101	LAKE WALES FL 33853

*Handwritten signature and date: 10/17/03*  
*Handwritten number: 500024050866*  
*Handwritten date and number: 10/23/03--01059--030 \*\*150.00*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LASHIN, MARCO O  
100 SOUTH SCENIC HIGHWAY  
LAKE WALES FL 33853

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Handwritten signature of Marco Lashin*

REGISTERED AGENT MUST SIGN

Date 10-9-03

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:

*Handwritten signature of Marco Lashin*  
marco Lashin

10-9-03 863-676-0860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)