

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -5 AM 10:31

DOCUMENT # P98000100097

1. Corporation Name

Accident Check of Florida, INC.

2. Principal Office Address

17 W. ST RD 84

Suite, Apt. #, etc.

City & State

FT. Lauderdale FL

Zip

33315

Country

U.S.A.

3. Mailing Office Address

17 W. ST RD 84

Suite, Apt. #, etc.

City & State

FT. Lauderdale FL

Zip

33315

Country

U.S.A.

REINSTATEMENT 99-00

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

11-29-98

5. FEI Number

65-0883531

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

George Forman

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

17 W. ST. RD. 84

Suite, Apt. #, Etc.

City

FT. Lauderdale

900003249309 - 1

-05/12/00--01006--008

****900.00 ****900.00

900003249309 - 1

-05/12/00--01006--009

State ****8.75 ****8.75

FL 33315

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

George Forman

REGISTERED AGENT MUST SIGN

Date 4-26-00

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	George Forman	17 W ST RD 84	FT. Lauderdale FL, 33315
V	JASON T. Forman	1210 N.W. 86 Ave.	Pembroke Pines, FL, 33024
S	George Forman	17 W. ST. RD 84	FT. Lauderdale FL, 33315
T	George Forman	17 W. ST. RD. 84	FT. Lauderdale FL, 33315

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:

George Forman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

Daytime Phone #