

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P99000079406

1. Corporation Name

AMERICAN INSTITUTE OF DRIVING, INC.

Principal Place of Business

Mailing Address

7343 LAKE WORTH RD.  
LAKE WORTH FL 33467

7343 LAKE WORTH RD.  
LAKE WORTH FL 33467

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

09/07/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1051338

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	SCHWARTZ, MURRAY	7343 LAKE WORTH RD.	LAKE WORTH FL 33467

100003500341--6

-12/13/00--01100--011

\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FILINGS, INC.

3732 N.W. 16TH ST.

FT. LAUDERDALE FL 33311

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed th

corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AG

MUST SIGN

Date

10/11/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/00)



P99-79466 (2)

7341 Lake Worth Road  
Lake Worth, FL 33467

Phone: (561) 967-3800  
Fax: (561) 967-9928  
1-800-435-4123

October 11, 2000

Katherine Harris  
Florida Department of State  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Katherine Harris,

I have been managing American Institute Inc. for the past seven months, I have never received the first business report that I was told was sent out in May 2000. I run the driving school with a very small budget. I would not ignore such an important notice intentionally. This is the first time I have seen this report and I am forwarding a check for the amount of \$150.00.

Thank you, for your anticipated help in this matter, if you have any correspondence or questions please call Maria Vassallo at American Institute (561)967-3800.

Sincerely,

*Maria Vassallo*

Maria Vassallo  
MANAGER