

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # S52165</b> 1. Entity Name A-1 AUTO INS. OF QUINCY INC.				<div style="text-align: center;"> <b>FILED</b>          05 OCT 17 AM 11:20          SECRETARY OF STATE          TALLAHASSEE, FLORIDA       </div>	
Principal Place of Business 403 W CRAWFORD ST. QUINCY, FL 32351		Mailing Address 403 WEST CRAWFORD QUINCY, FL 32351			
2. Principal Place of Business 403 W Crawford St. Suite, Apt. #, etc.		3. Mailing Address 403 W. Crawford St. Suite, Apt. #, etc.			
City & State Quincy, FL Zip 32351		City & State Quincy, FL Zip 32351		4. FEI Number 59-3064843	
Country Gadsden		Country Gadsden		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  MOORE, TERRY JAMES 1831 W. JEFFERSON STREET QUINCY, FL 32351				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Terry James Moore</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, TERRY JAMES 1831 W JEFFERSON ST QUINCY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOORE, TERRY JAMES 1831 W JEFFERSON ST QUINCY, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOORE, TERRY JAMES 1831 W JEFFERSON ST QUINCY, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOORE, TERRY JAMES 1831 W JEFFERSON ST QUINCY, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOORE, TERRY JAMES 1831 W JEFFERSON ST QUINCY, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOORE, TERRY JAMES 1831 W JEFFERSON ST QUINCY, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOORE, TERRY JAMES 1831 W JEFFERSON ST QUINCY, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Terry James Moore</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 10/6/05		Daytime Phone # 850-875-2968	