

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR -5 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S62550**

1. Corporation Name

DRIVER IMPROVEMENT CENTERS, INC.

2. Principal Office Address

415 N. DIXIE

Suite, Apt. #, etc.

SUITE #1

City & State

LAKE WORTH

Zip

FL 33460

Country

USA

Suite, Apt. #, etc.

City & State

Zip

Country

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

OCTOBER, 1986

5. FEI Number

65-0289532

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

MARGARET W. PARTMAN

400005463134-2

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

415 N. DIXIE

-05/06/02--01030--017

*****1358.75 ***1358.75**

Suite, Apt. #, Etc.

SUITE #1

REINSTATEMENT 98-02

City

LAKE WORTH

State

FL

Zip Code

33460

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

Margaret W. Partman, Pres

Date

2-26-02

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
PRES	MARGARET W. PARTMAN	415 DIXIE HWY #1	LAKE WORTH, FL 33460
V. PRES	MICHAEL NOLAN	415 DIXIE HWY #1	LAKE WORTH, FL 33460

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret W. Partman, Pres

Date

Daytime Phone #

2/26/02 (561) 588-3848

CR2E081 (9/01)