

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUN 20 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V31111

1. Corporation Name

AAA-CBS AUTO INSURANCE, CORP.

2. Principal Office Address

8065 S.W. 205 TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

8065 S.W. 205 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33189

Country

USA

Zip

33189

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/24/92

5. FEI Number

65-0331811

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

2001-2002 UBR

7. Name and Address of Current Registered Agent

Name

CARLOS J. CHIRINO

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

8065 S.W. 205 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33189

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

6/7/02

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
PD	CARLOS J. CHIRINO	8065 S.W. 205 Terr	MIAMI FL. 33189

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/7/02

Daytime Phone #

CR2E081 (9/01)

292

TELEPHONE: 305-513-3639  
FAX: 305-513-4122

CABANAS & ASSOCIATES, P.A.  
ACCOUNTING, TAX PLANNING & PREPARATION  
SQUARE ONE BUSINESS CENTER  
10520 N.W. 26<sup>TH</sup> STREET  
SUITE C-201  
MIAMI, FLORIDA 33172

MEMBER OF  
NATIONAL SOCIETY OF PUBLIC ACCOUNTANTS  
FLORIDA ASSOCIATION OF INDEPENDENT ACCOUNTANTS

June 5, 2002

Dept of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: AAA-CBS Auto Insurance Corp.  
EIN: 65-0331811  
Doc#: V31111

Gentlemen:

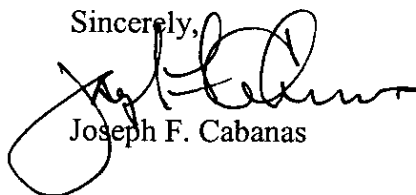
We are the accountants for the above referenced taxpayer. Please note that the taxpayer moved during the year 2001 and therefore never received the form UBR, thus terminating their active status as a Corporation in the State of Florida.

Our client is attaching a check for \$300 to cover fees for years 2001 and 2002.

We respectfully request that you reinstate them as the change in address caused them not to receive any notification.

Should you have any questions, please do not hesitate to contact me.

Sincerely,



Joseph F. Cabanas