

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 23 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V51558

1. Corporation Name

ALL COUNTY TRAFFIC SCHOOL, INC.

Principal Place of Business

Mailing Address

4800 S.W. 64 AVE.
#102
DAVIE FL 33314

4800 S.W. 64 AVE.
#102
DAVIE FL 33314

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

07/13/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0346909

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	MARDER, ANDREA J	4108 N. 48 AVE.	HOLLYWOOD FL 33021
			000002700980--2 -12/02/98--01/09/99--049 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GLICK, THOMAS E.
11900 BISCAYNE BLVD.
SUITE 780
N. MIAMI FL 33181

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

Andrea J. Marder

Date

Daytime Phone #

11/18/98 (954) 791-9666

CR2E040 (9/98)

②

Memo

*To: Fl. Dept. of State
From: Andrea J. Baum Marder
Date: November 18, 1998
Re: Corporation*

Thank you for taking the time to listen. I never received notice to pay. I spoke with Leslie this morning and she told me to send in this form and a check for \$150.00. If there is anything else I need to do Please call me at 954-791-9666 .

Thank you ... Have a very Happy Holiday Season.