POWER OF ATTORNEY

State of Florida
Department of Highway Safety and Motor Vehicles
Neil Kirkman Building
Tallahassee, Florida 32399-0585

Date:_____

I hereby name and appoint Julie W. Gentry, or his designee, the Chief of the Bureau of Motorist Compliance of the Department of Highway Safety and Motor Vehicles of the State of Florida, to be my lawful attorney in fact, to act for me, to redeem the following security, described as follows:

_____ _____
(Amount) (Name and Address of Institution)

_____ _____
(Account # of Depositor)

_____ _____,
(Payee) (Coverage Provided per Occurrence)

a copy of which has been filed with _____ of
(Name)

_____
(Name and Address of Institution)

and to sign my name and to do all things necessary to this appointment for the purposes of payment of any claims for persons or properties resulting from a motor vehicle crash occurring prior to/subsequent to the deposit of such security.

_____ _____
Depositor's Name Signature of Depositor

_____
Address of Depositor (Zip Code)

Sworn to and subscribed before me this ____day of _____, 20___.

_____
NOTARY PUBLIC, STATE OF FLORIDA
Notary's Name Printed Here:_____

My Commission Expires_____

Personally Known_____
Produced Identification_____
Type: _____