

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 706068

**FILED**  
**Jul 09, 2014**  
**Secretary of State**

**Entity Name:** INDEPENDENT INSURANCE AGENTS OF GREATER TAMPA, INC.

**Current Principal Place of Business:**

8803 CITRUS VILLAGE DRIVE  
#206  
TAMPA, FL 33626 US

**New Principal Place of Business:**

14825 WINDING CREEK CT  
TAMPA, FL 33613 US

**Current Mailing Address:**

POST OFFICE BOX 271081  
TAMPA, FL 33688

**New Mailing Address:**

FEI Number: 59-6139291      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MATTHEWS, LORI  
8803 CITRUS VILLAGE DRIVE  
TAMPA, FL 33626 US

**Name and Address of New Registered Agent:**

MATTHEWS, LORI  
14825 WINDING CREEK CT  
TAMPA, FL 33613 US

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.

SIGNATURE: LORI MATTHEWS

07/09/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BLACK, CHRISTOPHER R  
Address: 30617 BITTSBURY CT  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: VP  
Name: ELASSER, ED  
Address: 5402 W. LAUREL STREET #220  
City-St-Zip: TAMPA, FL 33607

Title: T  
Name: BLUM, SCOTT  
Address: 2234 KINGFISHER LN  
City-St-Zip: CLEARWATER, FL 33762

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER R BLACK

P

07/09/2014

Electronic Signature of Signing Officer or Director

Date