


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 10 AM 11:13

<b>DOCUMENT # P00000064784</b> 1. Entity Name ARTHUR GRANT BLACKWELL INSURANCE, INC.	
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Principal Place of Business 114 PALMETTO STREET STE 8 DESTIN, FL 32541	Mailing Address PO BOX 5530 DESTIN, FL 32540
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REINSTATEMENT 04-05



2. Principal Place of Business Suite, Apt. #, etc. <b>319 Defuniak Street</b>	3. Mailing Address <b>319 Defuniak Street</b> Suite, Apt. #, etc.
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01202005 REIN-P CR2E098 (6/04)

City & State <b>Santa Rosa Bch, FL</b>	City & State <b>Santa Rosa Bch, FL</b>
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4. FEI Number <b>59-3657001</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32549</b>	Country <b>Walton</b>	Zip <b>32549</b>	Country <b>Walton</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

WARD, LORI E ESQ  
4475 LEGENDARY DR  
DESTIN, FL 32541

7. Name and Address of New Registered Agent

Name  
**Arthur G. Blackwell**

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

City  
**Santa Rosa Bch** **FL** Zip Code  
**32549**

8. This above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Arthur G. Blackwell* DATE: **1-5-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BLACKWELL, ARTHUR G 114 PALMETTO STREET STE 8 DESTIN, FL 32541 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 319 Defuniak Street Santa Rosa Bch, FL 32549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300046927959 02/21/05--01023--006 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Arthur G. Blackwell* DATE: **1-5-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #