

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000035338

**FILED**  
**Nov 10, 2010**  
**Secretary of State**

**Entity Name:** BALLATOR INSURANCE GROUP, INC.

**Current Principal Place of Business:**

C/O 6508 E FOWLER AVE  
TAMPA, FL 33617

**New Principal Place of Business:**

1525 INTERNATIONAL PARKWAY BLVD  
2021  
LAKE MARY, FL 32746

**Current Mailing Address:**

311 SOUTH WACKER DRIVE  
SUITE 2370  
CHICAGO, IL 60606

**New Mailing Address:**

1525 INTERNATIONAL PARKWAY BLVD  
2021  
LAKE MARY, FL 32746

**FEI Number:** 20-8678677

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEMAR, DAVID A JR  
6508 E FOWLER AVE  
TAMPA, FL 33617 US

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

CALDWELL, KEVIN S CEO  
1525 INTERNATIONAL PARKWAY BLVD.  
2021  
LAKE MARY, FL 32746 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: KEVIN SHANE CALDWELL

11/10/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/S  
Name: CALDWELL, KEVIN S CEO  
Address: 1905 LAKE MARKHAM PRESERVE TR.  
City-St-Zip: SANFORD, FL 32771

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN SHANE CALDWELL

CEO

11/10/2010

Electronic Signature of Signing Officer or Director

Date