

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 667651

FILED
Dec 21, 2011
Secretary of State

Entity Name: INSURANCE SERVICES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

2715 OLD WINTER GARDEN RD
OCOE, FL 34761

New Principal Place of Business:

2910 MAGUIRE ROAD
SUITE 2004
OCOE, FL 34761

Current Mailing Address:

2715 OLD WINTER GARDEN RD
OCOE, FL 34761

New Mailing Address:

2910 MAGUIRE ROAD
SUITE 2004
OCOE, FL 34761

FEI Number: 58-1396030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLOWAY, COLIN F
395 BRASSIE DR
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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: COLIN GALLOWAY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: FERGUSON, FRANK B
Address: 20 LACOSTA PLACE
City-St-Zip: PALM COAST, FL 32137

Title: P
Name: GALLOWAY, COLIN F
Address: 395 BRASSIE DR
City-St-Zip: LONGWOOD, FL 32750

Title: VP
Name: GALLOWAY, LAURA M
Address: 395 BRASSIE DR
City-St-Zip: LONGWOOD, FL 32750

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: COLIN GALLOWAY

MR

12/21/2011

Electronic Signature of Signing Officer or Director

Date