

**2017 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000000310

**Entity Name:** ABA ALL INSURANCE, INC.

**Current Principal Place of Business:**

3819 N. ANDREWS AVE  
OAKLAND PARK, FL 33309

**Current Mailing Address:**

3819 N. ANDREWS AVE  
OAKLAND PARK, FL 33309

**FEI Number:** 65-1084843

**Certificate of Status Desired:** No

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

RODRIGUEZ VILLACIS, NORMA PD  
3819 N. ANDREWS AVE  
OAKLAND PARK, FL 33309 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:** NORMA RODRIGUEZ VILLACIS

04/26/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name RODRIGUEZ VILLACIS, NORMA PD  
Address 3819 N. ANDREWS AVE  
City-State-Zip: OAKLAND PARK FL 33309

Title VPD  
Name RODRIGUEZ VILLACIS, NORMA VPD  
Address 3819 N. ANDREWS AVE  
City-State-Zip: OAKLAND PARK FL 33309

*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:** NORMA RODRIGUEZ VILLACIS

PRESIDENT

04/26/2017

Electronic Signature of Signing Officer/Director Detail

Date