## 2016 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P15000091858

Entity Name: THREE BRIDGES INSURANCE CORP

**Current Principal Place of Business:** 

28870 U.S. HIGHWAY 19 N SUITE 304

CLEARWATER, FL 33761

## **Current Mailing Address:**

28870 U.S. HIGHWAY 19 N SUITE 304 CLEARWATER, FL 33761 US

FEI Number: 47-5315295 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

ABDI, ARI 2531 SANDY BEACH LANE UINIT 1 CLEARWATER, FL 33763 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: ARI ABDI 11/09/2016

Electronic Signature of Registered Agent Date

## Officer/Director Detail:

Title F

Name ABDI, ARI

Address 28870 U.S. HIGHWAY 19 N

SUITE 304

City-State-Zip: CLEAREWATER FL 33761

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: ARI ABDI PRESIDENT 11/09/2016

FILED Nov 09, 2016

**Secretary of State** 

CR8910205344