

**2019 FOREIGN PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F08000002752

**Entity Name:** BELTLINE ROAD INSURANCE AGENCY, INC.**Current Principal Place of Business:**1525 S. BELT LINE RD.  
COPPELL, TX 75019**Current Mailing Address:**1000 ABERNATHY RD STE 200  
ATLANTA, GA 30328-5604 US**FEI Number:** 33-1215956**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:** CHARLENE SATI

11/26/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR
Name	WILCOX, KEVIN J.
Address	40, AVENUE MONTEREY
City-State-Zip:	LUXEMBOURG CITY L-2163

Title	SECRETARY
Name	SZUPELLO, TERESA L.
Address	1000 ABERNATHY RD STE 200
City-State-Zip:	ATLANTA GEORGIA 30328

Title	PRESIDENT
Name	ESTERMAN, MICHELLE D.
Address	1000 ABERNATHY RD STE 200
City-State-Zip:	ATLANTA GEORGIA 30328

Title	DIRECTOR
Name	F.A. KEARNS, MARK
Address	40, AVENUE MONTEREY LUXEMBOURG CITY
City-State-Zip:	LUXEMBOURG L-2163

*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:** TERESA L. SZUPELLO**SECRETARY**

11/26/2019

Electronic Signature of Signing Officer/Director Detail

Date