

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 642047

FILED
Jan 21, 2010
Secretary of State

Entity Name: INSURANCE CONCEPTS UNLIMITED, INC.

Current Principal Place of Business:

5812 - 28TH AVE., S.
GULFPORT, FL 33707 US

New Principal Place of Business:

6060 SHORE BLVD. SO.
#706F. WEST
GULFPORT, FL 33707 US

Current Mailing Address:

P. O. BOX 41157
ST PETERSBURG, FL 33743 US

New Mailing Address:

FEI Number: 59-1942834 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DUPES, F WEST
6060 SHORE BLVD S #706
GULFPORT, FL 33707 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: F. WEST DUPES

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD
Name: DUPES, F. WEST
Address: 6060 SHORE BLVD S #706
City-St-Zip: GULFPORT, FL 33707

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: F. WEST DUPES

Electronic Signature of Signing Officer or Director

PTD

01/21/2010

Date