

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED


06 OCT 31 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED 10/25/06



0202006 REIN-P CR2E098 (11/05)

DOCUMENT # 681200					
1. Entity Name BOB BROWN INSURANCE, INC.					
Principal Place of Business 2520 WEST BAY DR LARGO, FL 33770 US			Mailing Address 2520 WEST BAY DR LARGO, FL 33770 US		
2. Principal Place of Business		3. Mailing Address 15050 Hardage St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Largo		4. FEI Number 59-2028408	
Zip		Country		Applied For Not Applicable	
Zip 33774		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAILLANCOURT, ROBIN A. 1401 WEST BAY DRIVE LARGO, FL 33541			7. Name and Address of New Registered Agent Name NANCY B. BROWN Street Address (P.O. Box Number is Not Acceptable) 15050 HARDAGE ST. City LARGO FL Zip Code 33774		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Nancy B. Brown Pres</u> DATE: <u>10-25-06</u> (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00			200081395192 10/31/06--01077--003 **750.00		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, ROBERT W. 2520 WEST BAY DR LARGO, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Brown, Nancy B. 15050 Hardage St. Largo, FL 33774 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Nancy B. Brown Pres</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>10-25-06</u> 227-434-3992 Daytime Phone #		