

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 768830

FILED
Apr 28, 2010
Secretary of State

Entity Name: INDEPENDENT INSURANCE AGENTS OF TALLAHASSEE, INC.

Current Principal Place of Business:

267 JOHN KNOX ROAD
SUITE 114
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

3801 CHAIRES CROSS ROAD
TALLAHASSEE, FL 32317 US

Current Mailing Address:

267 JOHN KNOX ROAD, SUITE 114
TALLAHASSEE, FL 32303 US

New Mailing Address:

P O BOX 13454
TALLAHASSEE, FL 32317 US

FEI Number: 59-2357439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCARRY, DENNIS
267 JOHN KNOX ROAD, SUITE 114
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

SCARRY, DENNIS
3801 CHAIRES CROSS ROAD
TALLAHASSEE, FL 32317 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: DENNIS SCARRY

04/28/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: JONES, KEITH
Address: 3131 LONNBLADH RD
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP
Name: VAUGHN, KEVIN
Address: 1117 THOMASVILLE RD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: COOKSEY, KEN
Address: 209 PINEWOOD DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: S/T
Name: BANNING, JEREMY
Address: 2505 MAHAN DR
City-St-Zip: TALLAHASSEE, FL 32308

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEITH JONES

P

04/28/2010

Electronic Signature of Signing Officer or Director

Date