

2005 FOR PROFIT CORPORATION REINSTATEMENT-

DOCUMENT # F00000004071

1. Entity Name
INSTANT INSURANCE AGENCY, INC.



FILED

05 JAN 21 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4450 SOJOURN DR., #500
ADDISON, TX 75001

Mailing Address
4450 SOJOURN DR., #500
ADDISON, TX 75001

2. Principal Place of Business

8113 Ridgpoint Dr.
Suite, Apt. #, etc.
214

3. Mailing Address

8113 Ridgpoint Dr.
Suite, Apt. #, etc.
214

City & State

Irving TX
Zip 75063 Country US

City & State

Irving TX
Zip 75063 Country US

4. FEI Number

75-2785328

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Kristi Rodriguez Kristi Rodriguez

1-5-05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CEOP	☒ Delete
NAME	MANGOLD, THOMAS E	
STREET ADDRESS	4450 SOJOURN DR., STE 500	
CITY-ST-ZIP	ADDISON, TX 750015084	
TITLE	EVPD	☒ Delete
NAME	MCPADDEN, M. SEAN	
STREET ADDRESS	4450 SOJOURN DR., STE 500	
CITY-ST-ZIP	ADDISON, TX 750015084	
TITLE	EVPD	☒ Delete
NAME	NOLAN, KANTHERINE C	
STREET ADDRESS	4450 SOJOURN DR., STE 500	
CITY-ST-ZIP	ADDISON, TX 750015084	
TITLE	CFOD	☐ Delete
NAME	BRANDT, STEPHEN W	
STREET ADDRESS	4450 SOJOURN DR., STE 500	
CITY-ST-ZIP	ADDISON, TX 750015084	
TITLE	VPS	☐ Delete
NAME	SCRUGGS, DAVID L	
STREET ADDRESS	4450 SOJOURN DR., STE 500	
CITY-ST-ZIP	ADDISON, TX 750015084	
TITLE	SVPS	☐ Delete
NAME	SCRUGGS, DAVID B	
STREET ADDRESS	4450 SOJOURN DR., STE 500	
CITY-ST-ZIP	ADDISON, TX 750015084	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEOP	☐ Change ☒ Addition
NAME	Richard Asprey	
STREET ADDRESS	8113 Ridgpoint Dr Ste. 214	
CITY-ST-ZIP	Irving TX 75063	
TITLE	COO	☐ Change ☒ Addition
NAME	Kenneth Winters	
STREET ADDRESS	8113 Ridgpoint Dr Ste. 214	
CITY-ST-ZIP	Irving TX 75063	
TITLE	ASSEC	☐ Change ☒ Addition
NAME	Kristi Rodriguez	
STREET ADDRESS	8113 Ridgpoint Dr Ste. 214	
CITY-ST-ZIP	Irving TX 75063	
TITLE	CFOD	☒ Change ☐ Addition
NAME	Stephen W Brandt	
STREET ADDRESS	8113 Ridgpoint Dr Ste. 214	
CITY-ST-ZIP	Irving TX 75063	
TITLE	VPS	☒ Change ☐ Addition
NAME	SCRUGGS, David	
STREET ADDRESS	8113 Ridgpoint Dr Ste. 214	
CITY-ST-ZIP	Irving TX 75063	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

800045162508

01/21/05--01032--006 **308.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Kristi Rodriguez Kristi Rodriguez

ASST. SEC 1-5-05 214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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