

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000000037

**FILED**  
**Nov 10, 2008**  
**Secretary of State**

**Entity Name:** FLORIDA CHOICE INSURANCE COMPANY LTD.

**Current Principal Place of Business:**

LEEWARD COVE - P O BOX 1986  
FRIGATE BAY, ST. KITTS, XX

**New Principal Place of Business:**

THE CABLE BLDG.  
SUITE 301, 3RD FL  
BASSETERRE ST. KITTS, XX XX

**Current Mailing Address:**

5224 W STATE RD 46  
# 375  
SANFORD, FL 32771

**New Mailing Address:**

1150 ALBRIGHT RD  
ATTN: JEFF MUMM  
SANFORD, FL 32771

**FEI Number:** 98-0517561

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, USHER L ESQ  
225 E ROBINSON ST  
STE 600  
ORLANDO, FL 32802 US

**Name and Address of New Registered Agent:**

BROWN, USHER L ESQ  
111 N ORANGE AVE  
STE 2000  
ORLANDO, FL 32801 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: USHER L. BROWN

11/10/2008

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: SD ( ) Delete  
Name: CORPORATE SOLUTIONS,, LTD  
Address: LEEWARD COVE - P O BOX 1986  
City-St-Zip: FRIGATE BAY, ST. KITTS, XX

Title: D ( ) Delete  
Name: HERITOR MANAGEMENT,, LTD  
Address: STE 1 - HENVILLE BLDG - MAIN ST  
City-St-Zip: CHARLESTON, NEVIS, XX

Title: T ( ) Delete  
Name: TOWELL, DENNIS K  
Address: 1150 ALBRIGHT RD  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: CORPORATE SOLUTIONS,, LTD  
Address: THE CABLE BLDG., SUITE 301, 3RD FL  
City-St-Zip: BASSETERRE, ST. KITTS, XX XX

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DENNIS K. TOWELL

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11/10/2008

Electronic Signature of Signing Officer or Director

Date