

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F09000003440

**FILED**  
**Oct 14, 2013**  
**Secretary of State**

**Entity Name:** ALLEN FINANCIAL INSURANCE GROUP, INC.

**Current Principal Place of Business:**

12424 N 32ND STREET #101  
PHOENIX, AZ 85032

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6230  
SCOTTSDALE, AZ 85261

**New Mailing Address:**

**FEI Number:** 86-0250261

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSINESS FILINGS INCORPORATED  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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:** BRENNIA LUTTER, ASSISTANT SECRETARY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** ALLEN, BRENT I  
**Address:** 12424 N. 32ND ST, STE 101  
**City-St-Zip:** PHOENIX, AZ 85032

**Title:** VCFO  
**Name:** PALLANTE, MARYBETH  
**Address:** 12424 N. 32ND STREET, SUITE 101  
**City-St-Zip:** PHOENIX, AZ 85032

**Title:** S  
**Name:** ALLEN, GRANT  
**Address:** 12424 N. 32ND STREET, SUITE 101  
**City-St-Zip:** PHOENIX, AZ 85032

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:** BRENT ALLEN

PD

10/14/2013

Electronic Signature of Signing Officer or Director

Date