

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F10000001964

**FILED**  
**Dec 13, 2013**  
**Secretary of State**

**Entity Name:** EFG CAPITAL INSURANCE SOLUTIONS CORP.

**Current Principal Place of Business:**

701 BRICKELL AVENUE  
9TH FLOOR  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

701 BRICKELL AVENUE  
9TH FLOOR  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 27-1328842

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VOGEL, STEVEN  
701 BRICKELL AVE NINTH FLOOR  
MIAMI, FL 33131 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:** STEVEN H. VOGEL

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** CAMPANO, SIXTO  
**Address:** 701 BRICKELL AVENUE, 9TH FLOOR  
**City-St-Zip:** MIAMI, FL 33131

**Title:** VD  
**Name:** MASSENS, JUAN  
**Address:** 701 BRICKELL AVENUE, 9TH FLOOR  
**City-St-Zip:** MIAMI, FL 33131

**Title:** CHR  
**Name:** ECHEVARRIA, VICTOR  
**Address:** 701 BRICKELL AVENUE, 9TH FLOOR  
**City-St-Zip:** MIAMI, FL 33131

**Title:** D  
**Name:** ALVAREZ, MARCELO  
**Address:** 701 BRICKELL AVENUE, 9TH FLOOR  
**City-St-Zip:** MIAMI, FL 33131

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:** STEVEN H. VOGEL

SVP

12/13/2013

Electronic Signature of Signing Officer or Director

Date