

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F11000002002

**FILED**  
**Oct 06, 2014**  
**Secretary of State**

**Entity Name:** INSURE WITH US AGENCY INC.

**Current Principal Place of Business:**

765 B W. DUNDEE RD  
WHEELING, IL 60090

**New Principal Place of Business:**

**Current Mailing Address:**

765 B W. DUNDEE RD  
WHEELING, IL 60090

**New Mailing Address:**

**FEI Number:** 26-0176763

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KHAN, KAMAL  
517 DOTTEREL ROAD UNIT 31C  
DELREY BEACH, FL 33444 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: KAMAL KHAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: KHAN, KAMAL  
Address: 2603 WYNNCREST DR  
City-St-Zip: LONG GROVE, IL 60047

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: KAMAL KHAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRE

10/06/2014

\_\_\_\_\_  
Date