2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 27, 2004
Secretary of State

DOCUMENT# F99000005018

Entity Name: TIGERQUOTE.COM INSURANCE & FINANCIAL SERVICES GROUP, INC.

Current Principal Place of Business:

2875 N.E. 191ST STREET,
STE 300
MIAMI, FL 33180

New Principal Place of Business:

Current Mailing Address:

2875 N.E. 191ST STREET,
STE 300
MIAMI, FL 33180

New Mailing Address:

FEI Number: 65-0943391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, TRAVIS L
106 EAST COLLEGE AVE., SUITE 1200
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: _____

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: PCD ( ) Delete
Name: MEIER, BRADLEY I
Address: 2875 NE 191 ST #300
City-St-Zip: MIAMI, FL 33180

Title: CFO ( ) Delete
Name: LYNCH, JAMES M
Address: 2875 NE 191 ST #300
City-St-Zip: MIAMI, FL 33180

Title: D ( ) Delete
Name: SLOGOFF, REED J
Address: 233 SOUTH 6TH STREET, #812-IIA
City-St-Zip: PHILADELPHIA, PA 19106

Title: D ( ) Delete
Name: MEIER, NORMAN M
Address: 19589 N.E. 10TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D ( ) Delete
Name: WILENTZ, JOEL M
Address: 19589 N.E. 10TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D ( ) Delete
Name: KELLNER, IRWIN L
Address: 19589 N.E. 10TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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 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: BRADLEY MEIER D 10/27/2004

Electronic Signature of Signing Officer or Director Date