

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# G77461

**FILED**  
**Jul 16, 2012**  
**Secretary of State**

**Entity Name:** PULOS AND ASSOCIATES, INSURANCE-BONDS, INC.

**Current Principal Place of Business:**

1375 WEST GARDEN ST.  
PENSACOLA, FL 32501

**New Principal Place of Business:**

1375 WEST GARDEN ST.  
PENSACOLA, FL 32502

**Current Mailing Address:**

1375 WEST GARDEN ST.  
PENSACOLA, FL 32501

**New Mailing Address:**

1375 WEST GARDEN ST.  
PENSACOLA, FL 32502

**FEI Number:** 59-2374819

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PULOS, LINDA S  
1375 W.GARDEN STREET  
PENSACOLA, FL 32501 US

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

PULOS, LINDA S  
1375 W.GARDEN STREET  
PENSACOLA, FL 32502 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: LINDA S PULOS

07/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: PULOS, LINDA S  
Address: 3464 RIVERHILL DR.  
City-St-Zip: PACE, FL 32571

Title: VP/T  
Name: PULOS, ANTHONY L  
Address: 1375 WEST GARDEN STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: VP/S  
Name: WARD, LISA S  
Address: 1375 W. GARDEN STREET  
City-St-Zip: PENSACOLA, FL 32502

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: LINDA S PULOS

PRES

07/16/2012

Electronic Signature of Signing Officer or Director

Date