2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 10, 2006
Secretary of State

DOCUMENT# H01469

Entity Name: JIM HUGHES, CLU, INSURANCE AGENCY, INC.

Current Principal Place of Business:

20330 OLD CUTLER RD
MIAMI, FL 331891832 US

New Principal Place of Business:

Current Mailing Address:

20330 OLD CUTLER RD
MIAMI, FL 331891832 US

New Mailing Address:

FEI Number: 59-2398232 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HUGHES, CARL J., CLU
17244 SW 112TH PL.
MIAMI, FL 33157 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: CARL J HUGHES

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: HUGHES, CARL J.,
Address: 17244 SW 112TH PL.
City-St-Zip: MIAMI, FL 33157

Title: VS ( ) Delete
Name: HUGHES, FLORENCE H.,
Address: 327 WINTER RIDGE BLVD
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: CARL J HUGHES PRES 10/10/2006

Electronic Signature of Signing Officer or Director — Date