

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# H14762

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** FIRST NATIONAL INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

188 N. 9TH ST., B.  
DEFUNIAK SPRINGS, FL 32435

**New Principal Place of Business:**

188 N. 9TH ST., B.  
DEFUNIAK SPRINGS, FL 32433

**Current Mailing Address:**

P.O. BOX 1287  
DEFUNIAK SPRINGS, FL 32435

**New Mailing Address:**

**FEI Number:** 59-2440339      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BROWN, DONALD D  
188 N. 9TH STREET B.  
DEFUNIAK SPRINGS, FL 32433      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:** DONALD D. BROWN

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:** PD  
**Name:** BROWN, DONALD D  
**Address:** 188 N. 9TH STREET B.  
**City-St-Zip:** DEFUNIAK SPRINGS, FL 32433

**Title:** STD  
**Name:** BROWN, GLENDA D  
**Address:** 188 N. 9TH STREET B.  
**City-St-Zip:** DEFUNIAK SPRINGS, FL 32433

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:** DONALD D. BROWN

PD

04/29/2010

Electronic Signature of Signing Officer or Director

Date