

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K90303

FILED
Oct 19, 2004
Secretary of State

Entity Name: MEDICAL INSURANCE TRUST ACCOUNTING, INC.

Current Principal Place of Business:

1143 NE CR 425
BRANFORD, FL 32008

New Principal Place of Business:

Current Mailing Address:

1143 NE CR 425
BRANFORD, FL 32008

New Mailing Address:

FEI Number: 65-0119581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELTOLTTI, ANTHONY
RT 4 BOX 182
COAUTY ROAD 425
BRANFORD, FL 32008 US

Name and Address of New Registered Agent:

BERTOLOTTI, ANTHONY STD
1143 NE CR 425
BRANFORD, FL 32008 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: ANTHONY BERTOLOTTI

10/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BERTOLOTTI, JEFFERY
Address: 1143 NE CR 425
City-St-Zip: BRANDFORD, FL

Title: STD () Delete
Name: BERTOLOTTI, ANTHONY
Address: 1143 NE CR 425
City-St-Zip: BRANFORD, FL 32008

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 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: ANTHONY BERTOLOTTI

ST

10/19/2004

Electronic Signature of Signing Officer or Director

Date

The corporation has indicated in accordance with s. 607.193(2)(b), F.S., it did not receive the prior notice. They have requested the late fee be waived.