2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L27933

Entity Name: ROUNTREE INSURANCE AGENCY, INC.

FILED May 26, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O BARBARA N. ROUNTREE C/O BARBARA N. ROUNTREE 8267 N. PINE ISLAND ROAD 8204 NW 80T ST

TAMARAC, FL 33321 TAMARAC, FL 33321

Current Mailing Address: New Mailing Address:

C/O BARBARA N. ROUNTREE
8267 N. PINE ISLAND ROAD
8204 NW 80T ST
TAMARAC, FL 33321
TAMARAC, FL 33321
TAMARAC, FL 33321

FEI Number: 65-0153621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ROUNTREE, BARBARA N.
8267 N. PINE ISLAND RD.
TAMARAC, FL 33321 US

ROUNTREE, BARBARA N.
8204 NW80TH ST
TAMARAC, FL 33321 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: BARBARA NAN ROUNTREE 05/26/2010

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: PRES

Name: ROUNTREE, BARBARA N. Address: 8204 NW80TH ST City-St-Zip: TAMARAC, FL 33321

Title: VP

Name: ROUNTREE, JAMES W. Address: 8204 NW 80TH ST City-St-Zip: TAMARAC, FL 33321

Title: TRES

Name: ROUNTREE, JAMES S. Address: 8204 NW 80TH ST City-St-Zip: TAMARAC, FL 33321

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: BARBARA NAN ROUNTREE PRES 05/26/2010