

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L57774

FILED  
Nov 18, 2009  
Secretary of State

Entity Name: SALE INSURANCE AGENCY, INC.

## Current Principal Place of Business:

C/O HAROLD A. SALE  
309 S. TENNESSEE AVENUE  
LAKELAND, FL 338014617

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 1  
309 S. TENNESSEE AVENUE  
LAKELAND, FL 33802 US

## New Mailing Address:

FEI Number: 59-2994812

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SALE, HAROLD A.  
309 S. TENNESSEE AVENUE  
LAKELAND, FL 33802 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: HAROLD A SALE

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: D ( ) Delete  
Name: SALE, HAROLD A  
Address: 309 S. TENNESSEE AVENUE  
City-St-Zip: LAKELAND, FL

Title: D ( ) Delete  
Name: SALE, HAROLD A JR  
Address: 309 S. TENNESSEE AVE.  
City-St-Zip: LAKELAND, FL 33801

Title: D ( ) Delete  
Name: SALE, ROBERT H  
Address: 309 S. TENNESSEE AVENUE  
City-St-Zip: LAKELAND, FL 33801

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: ROBERT H SALE

D

11/18/2009

Electronic Signature of Signing Officer or Director

Date