

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L91565

FILED  
Nov 18, 2009  
Secretary of State

Entity Name: AIM INSURANCE GROUP, INC.

## Current Principal Place of Business:

3605 ALT 19N  
PALM HARBOR, FL 34683 US

## New Principal Place of Business:

3607 ALT 19N  
PALM HARBOR, FL 34683 US

## Current Mailing Address:

PO BOX 860  
PALM HARBOR, FL 34682 US

## New Mailing Address:

FEI Number: 59-3156235      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AIM FINANCIAL COMPANIES INC.  
3605 ALT 19N  
PALM HARBOR, FL 34683 US

## Name and Address of New Registered Agent:

S JOHN THEIS  
3607 ALT 19N  
PALM HARBOR, FL 34683 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: S JOHNN THEIS

11/18/2009

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: DCEO ( ) Delete  
Name: KLIMCZAK, PAUL J RETIRED  
Address: 3605 ALT 19 N  
City-St-Zip: PALM HARBOR, FL 34683

Title: DVPS ( ) Delete  
Name: VALENZA, SUE ANN  
Address: 3605 ALT 19 N  
City-St-Zip: PALM HARBOR, FL 34683

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change ( ) Addition  
Name: KLIMCZAK, PAUL J RETIRED  
Address: 3607 ALT 19 N  
City-St-Zip: PALM HARBOR, FL 34683

Title: DVPS (X) Change ( ) Addition  
Name: VALENZA, SUE ANN  
Address: 3607 ALT 19 N  
City-St-Zip: PALM HARBOR, FL 34683

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: SUE ANN VALENZA

VP

11/18/2009

Electronic Signature of Signing Officer or Director

Date