

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# M75987

FILED
Jul 28, 2008
Secretary of State

Entity Name: ADRIAN FERNANDEZ INSURANCE, INC.

Current Principal Place of Business:

6115 N ARMENIA AVE
TAMPA, FL 33604 US

New Principal Place of Business:

Current Mailing Address:

6115 N ARMENIA AVE
TAMPA, FL 33604 US

New Mailing Address:

FEI Number: 59-2887042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, ADRIAN
6115 N ARMENIA AVE
TAMPA, FL 33604 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: ADRIAN FERNANDEZ

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 () Delete
Name: FERNANDEZ, ADRIAN,
Address: 6115 NORTH ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ADRIAN FERNANDEZ

PRES

07/28/2008

Electronic Signature of Signing Officer or Director

Date