

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N01000006732

**FILED**  
**Oct 25, 2004**  
**Secretary of State****Entity Name:** OCALA ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS, INC.**Current Principal Place of Business:**2233 SE FT KING ST STE C  
OCALA, FL 34471**New Principal Place of Business:**2133 SE FT KING ST  
OCALA, FL 34471**Current Mailing Address:**2233 SE FT KING ST STE C  
OCALA, FL 34471**New Mailing Address:**2133 SE FT KING ST  
OCALA, FL 34471**FEI Number:** 59-3758837 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**MIDGETT, DAVID E  
1521 SE 36TH AVE  
OCALA, FL 34471 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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** COTHORN, THOMAS  
**Address:** 5800 SW 20 ST  
**City-St-Zip:** OCALA, FL 34474**Title:** P ( ) Delete  
**Name:** GRUBBS, TERESA  
**Address:** 837 NE 25TH AVENUE  
**City-St-Zip:** OCALA, FL 34470**Title:** V ( ) Delete  
**Name:** SPILELLI, JOSEPH J JR  
**Address:** 4210 SW 4TH AVE  
**City-St-Zip:** OCALA, FL 34474**Title:** SD ( ) Delete  
**Name:** BENNETT, ROSE M  
**Address:** 4721 NE 11TH STREET  
**City-St-Zip:** OCALA, FL 34470**Title:** TD ( ) Delete  
**Name:** HENRY, BARBARA  
**Address:** 3345 SE 53 CT  
**City-St-Zip:** OCALA, FL 34471**Title:** D ( ) Delete  
**Name:** TERRELL, RAYMOND  
**Address:** 2156 S 5 BLVD  
**City-St-Zip:** OCALA, FL 34478**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change ( ) Addition  
**Name:** GRUBBS, TERESA  
**Address:** 837 NE 25TH AVE  
**City-St-Zip:** OCALA, FL 34470**Title:** P (X) Change ( ) Addition  
**Name:** SPINELLI, JOSEPH J JR  
**Address:** 4210 SW 4TH AVE  
**City-St-Zip:** OCALA, FL 34474**Title:** V (X) Change ( ) Addition  
**Name:** ORLANDO, VINCENT  
**Address:** 2935 SE 58TH AVE  
**City-St-Zip:** OCALA, FL 34472**Title:** SD (X) Change ( ) Addition  
**Name:** KESTENBAUM, PAUL  
**Address:** 2133 SE FT. KING ST  
**City-St-Zip:** OCALA, FL 34471**Title:** TD (X) Change ( ) Addition  
**Name:** HENRY, BARBARA  
**Address:** 2133 SE FT. KING ST  
**City-St-Zip:** OCALA, FL 34471**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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA HENRY

TRES

10/25/2004

Electronic Signature of Signing Officer or Director

Date