

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000008828

**FILED**  
**Oct 12, 2005**  
**Secretary of State**

**Entity Name:** FLORIDA INSURANCE CONSUMER ALLIANCE, INC.

**Current Principal Place of Business:**

3837 NORTHDAL BLVD  
170  
TAMPA, FL 33624

**New Principal Place of Business:**

4417 RANCHWOOD LN  
TAMPA, FL 33624

**Current Mailing Address:**

P.O. BOX 342593  
TAMPA, FL 33694 US

**New Mailing Address:**

4417 RANCHWOOD LN  
TAMPA, FL 33624 US

**FEI Number:** **FEI Number Applied For (X)** **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:**

SMALL BUSINESS CONCEPTS, INC.  
5430 FULMAR DR.  
TAMPA, FL 33625 US

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

KING, MICHAEL  
4417 RANCHWOOD LN  
TAMPA, FL 33624 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: MICHAEL KING

10/12/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KING, MICHAEL  
Address: 3837 NORTHDAL BLVD SUITE 170  
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete  
Name: SADLER, EDWARD  
Address: 3837 NORTHDAL BLVD SUITE 170  
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete  
Name: YOUNG, AMY  
Address: 3837 NORTHDAL BLVD SUITE 170  
City-St-Zip: TAMPA, FL 33624

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: KING, MICHAEL  
Address: 4417 RANCHWOOD LN  
City-St-Zip: TAMPA, FL 33624

Title: D (X) Change ( ) Addition  
Name: SADLER, EDWARD  
Address: 4417 RANCHWOOD LN  
City-St-Zip: TAMPA, FL 33624

Title: D (X) Change ( ) Addition  
Name: YOUNG, AMY  
Address: 4417 RANCHWOOD LN  
City-St-Zip: TAMPA, FL 33624

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: MICHAEL KING

D

10/12/2005

Electronic Signature of Signing Officer or Director

Date