

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N94000006171 1. Entity Name INSURANCE PROFESSIONALS OF ST. PETERSBURG, INC.																									
Principal Place of Business P.O. BOX 60442 ST PETERSBURG, FL 33784-0442		Mailing Address P.O. BOX 60442 ST PETERSBURG, FL 33784-0442																							
2. Principal Place of Business - No P.O. Box # 1159 Queen ST Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																							
City & State Clearwater, FL Zip 33756 Country USA		City & State Zip Country																							
4. FEI Number 59-6152191		Applied For ☐ Not Applicable																							
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																							
6. Name and Address of Current Registered Agent FINK, DIANA S 13246 38TH STREET NO. CLEARWATER, FL 33762		7. Name and Address of New Registered Agent Name LeeAnn Dugan 90 Ins. Resources LLC Street Address (P.O. Box Number is Not Acceptable) 6620 1st Ave S. City St. Petersburg FL Zip Code 33707																							
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>LeeAnn Dugan</i></u> DATE <u>9/17/07</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)																									
FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50		Make check payable to Florida Department of State																							
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																									
SIGNATURE: <u><i>LeeAnn Dugan</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>9/17/07</u> 727-417-7482 Daytime Phone #																							

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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