2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N94000006171

1. Entity Name
INSURANCE PROFESSIONALS OF ST. PETERSBURG, INC.

FILED
07 NOV 28 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
P.O. BOX 60442 ST PETERSBURG, FL 33784-0442	P.O. BOX 60442 ST PETERSBURG, FL 33784-0442

REINSTATEMENT
08/24/2007 REIN-NP CR2E099 (1/07) 07

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1159 Queen ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, FL	City & State
Zip: 33756 Country: USA	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	7. Name and Address of New Registered Agent
FINK, DIANA S 13246 38TH STREET NO. CLEARWATER, FL 33762	Name: LeeAnn Dugan % 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: LeeAnn Dugan — 9/17/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	
TITLE	VP	☐ Delete	President	☑ Change ☐ Addition
NAME	TOURANGEAU, MONA		Mona Tourangeau	
STREET ADDRESS	1159 QUEEN ST.		1159 Queen St	
CITY-ST-ZIP	CLEARWATER, FL 33756		Clearwater, FL 33756	
TITLE	T	☐ Delete	Treasurer	☐ Change ☑ Addition
NAME	HAYES, GINGER K		LeeAnn Dugan	
STREET ADDRESS	8849 MAGNOLIA DR.		6620 1st Ave S.	
CITY-ST-ZIP	SEMINOLE, FL 33777		St. Petersburg, FL 33707	
TITLE	S	☐ Delete	VP	☐ Change ☑ Addition
NAME	PORTER, NANCYE		Sharon Rio	
STREET ADDRESS	4160 POMPANO DR. SE		PO Box 60442	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705		St. Petersburg, FL 33784	
TITLE	P	☐ Delete	D	☐ Change ☑ Addition
NAME	FINK, DIANA S		Terri Sanders	
STREET ADDRESS	13246 38TH ST. NO.		15950 Bay Vista Dr Ste 250	
CITY-ST-ZIP	CLEARWATER, FL 33762		Clearwater, FL 33760	
TITLE	D	☐ Delete	D	☐ Change ☑ Addition
NAME	NASH, SHARON		Laurie Carpenter	
STREET ADDRESS	2054 BARCELONA WAY S		17757 US Hwy 19 N #470	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712		Clearwater, FL 33764	
TITLE	D	☐ Delete		☐ Change ☐ Addition
NAME	MICHAEL, PAULA			
STREET ADDRESS	4640 TOWER HILL LANE #2324			
CITY-ST-ZIP	SARASOTA, FL 34238			

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09/24/07--01077--006 **236.25

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: LeeAnn Dugan — 9/17/07 — 727-417-7482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #