

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000000088

FILED
Nov 01, 2006
Secretary of State

Entity Name: SPECIALTY AGENTS POLITICAL ACTIVITY COMMITTEE, INC.

Current Principal Place of Business:

4501 N NEBRASKA AVE
TAMPA, FL 33603 US

New Principal Place of Business:

11211 N NEBRASKA AVE.
TAMPA, FL 33612 US

Current Mailing Address:

P O BOX 9015
TAMPA, FL 33674 US

New Mailing Address:

FEI Number: 59-3350883 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:

Name and Address of New Registered Agent:

BERMAN, JED
180 S KNOWLES
WINTER PARK, FL 32790 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: JED BERMAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRAVES, SUSAN
Address: 685 MASON AVE.
City-St-Zip: DAYTONA BEACH, FL 32117

Title: D () Delete
Name: DECKER, ADRIENNE
Address: 4501 N. NEBRASKA AVE
City-St-Zip: TAMPA, FL 33603

Title: D (X) Delete
Name: VASQUEZ, ARNIE
Address: 4150 NW 7TH ST #100A
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VASQUEZ, ARNIE
Address: 4150 NW 7TH ST
City-St-Zip: MIAMI, FL 33126

Title: D (X) Change () Addition
Name: MANSON, GUNARS
Address: 2350 WEST OAKLAND PARK BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33311 US

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNIE VASQUEZ

PD

11/01/2006

Electronic Signature of Signing Officer or Director

Date