

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000027923

FILED
Dec 10, 2009
Secretary of State

Entity Name: G.C. AND ASSOCIATES INSURANCE INC.

Current Principal Place of Business:

6801 UNIVERSITY BLVD
SUITE 12
WINTER PARK, FL 32792

New Principal Place of Business:

8370 WEST FLAGLER ST
MIAMI, FL 33144

Current Mailing Address:

6801 UNIVERSITY BLVD
SUITE 12
WINTER PARK, FL 32792

New Mailing Address:

PO BOX 440845
MIAMI, FL 33144

FEI Number: 65-0991426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORTADA, GERALDINE
6801 UNIVERSITY BLVD STE 12
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

CORTADA, GERALDINE
8370 W FLAGLER ST
MIAMI, FL 33144 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: GERALDINE CORTADA

12/10/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: CORTADA, GERALDINE
Address: 6801 UNIVERSITY BLVD STE 12
City-St-Zip: WINTER PARK, FL 32792

Title: VS () Delete
Name: CORTADA, FERNANDO F
Address: 6801 UNIVERSITY BLVD STE 12
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: CORTADA, GERALDINE
Address: PO BOX 440845
City-St-Zip: MIAMI, FL 33144

Title: VS (X) Change () Addition
Name: CORTADA, FERNANDO F
Address: PO BOX 440845
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALDINE CORTADA

PRES

12/10/2009

Electronic Signature of Signing Officer or Director

Date