

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000029451

**FILED**  
**Jun 26, 2012**  
**Secretary of State**

**Entity Name:** BRAUTIGAM INSURANCE & FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

5700 - 4TH ST. NORTH  
ST. PETERSBURG, FL 33703

**New Principal Place of Business:**

**Current Mailing Address:**

5700 - 4TH ST. NORTH  
ST. PETERSBURG, FL 33703

**New Mailing Address:**

**FEI Number:** 59-3633136

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRAUTIGAM, HENRY W  
5700 - 4TH ST. NORTH  
ST. PETERSBURG, FL 33703 US

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

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:** HENRY BRAUTIGAM

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PVST  
**Name:** BRAUTIGAM, HENRY W  
**Address:** 5700 - 4TH ST. NORTH  
**City-St-Zip:** ST. PETERSBURG, FL 33703

**Title:** D  
**Name:** BRAUTIGAM, HENRY W  
**Address:** 5700 - 4TH ST. NORTH  
**City-St-Zip:** ST. PETERSBURG, FL 33703

I hereby 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 all other like empowered.

**SIGNATURE:** HENRY BRAUTIGAM

PVST

06/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date