2001-UNIFORM BUSINESS REPORT (CBR) DOCUMENT # P00000029725 . FILED OBrien Insurance Agency, The 01 OCT 31 PM 5: 33 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 831 N.E. Hwy 19 831 NE HWY 19 Crystal River Fl 34429 Crysta River F1. 34429 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. City & State City & State Not Applicable 34429 6. Name and Address of Current Registered Agent Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Spiegel + Utrera Street Address (P.O. Box Number is Not Acceptable) 343 Alméria Ave. Coral Gables Fl. 33134 Zip Code 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 SIGNATURE FILE NOW!!! FEE'18'\$150.00 9. This corporation is eligible to satisfy its Intendible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of St OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Presiden+ TITLE ☐ Detete TITLE ☐ Change ☐ Addition Michael A, Obrien Sr. 83 i NE Hwy 19 Corstal River Fl. 34 VSTP MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P MILE TITLE & VSTD Sudith M. O'Brien 831 NE Hwy 19 Gerri L. Steatz 831 N.E Hwy 19 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-79P xxstal River rystel River Fl TITLE IIILE ☐ Change NAME NAME 000004695220---11/27/01--01053--003 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes. SIGNATURE:

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O'BRIEN INSURANCE AGENCY 831 N.E. HWY 19 CRYSTAL RIVER, FL 34429

October 29, 2001

Florida Dept. Of State

Re: Letter-# 601A00058489-

To whom it may concern,

Our agency received a letter of dissolution for no annual report on October 14, 2001.

At that time, our agency spoke to a representative from your offices concerning the letter. We did not, at any time, receive any other correspondence regarding our corporation. Our agency received advice to send in a check for \$150.00 to reinstate due to our agency being incorporated for only one year.

On October 29, our agency received the reinstatement request back. Our agency again called and received advice to remit a letter with reinstatement request.

We hope that this can help resolve this matter.

Sincerely,

Michael O'Brien

Agent