

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000085453

FILED
Feb 02, 2011
Secretary of State

Entity Name: WADSWORTH INSURANCE AGENCY, INC.

Current Principal Place of Business:

6529 STADIUM DR.
ZEPHYRHILLS, FL 33542

New Principal Place of Business:

36741 LAUREL OAKS LN
DADE CITY, FL 33535

Current Mailing Address:

6529 STADIUM DR.
ZEPHYRHILLS, FL 33542

New Mailing Address:

36741 LAUREL OAKS LN
DADE CITY, FL 33535

FEI Number: 59-3682970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFER, SHEILA K
6529 STADIUM DR.
ZEPHYRHILLS, FL 33542 US

Name and Address of New Registered Agent:

HOFFER, SHEILA K
36741 LAUREL OAKS LN.
DADE CIYU, FL 33525 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: SHEILA K. HOFFER

02/02/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD
Name: HOFFER, SHEILA K
Address: 36741 LAUREL OAKS LN
City-St-Zip: DADE CITY, FL 33525

Title: V
Name: HUNTER, BRANDIE K
Address: 35437 RUFFING RD.
City-St-Zip: DADE CITY, FL 33523

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: SHEILA K. HOFFER

P

02/02/2011

Electronic Signature of Signing Officer or Director

Date