2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000017416

City-St-Zip:

FILED Feb 22, 2008 Secretary of State

Entity Name: INSURANCE MANAGEMENT SERVICES OFFICE, INC.						
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
1748 INDEPENDENCE BLVD STE C1 SARASOTA, FL 342342150 US			STE 101	5971 CATTLERIDGE BLVD STE 101 SARASOTA, FL 34232 US		
Current Mailing Address:				New Mailing Address:		
1748 INDEPENDENCE BLVD STE C1 SARASOTA, FL 342342150 US				PO BOX 20159 SARASOTA, FL 34276 US		
FEI Number:	65-1083140	FEI Number Applied For ()	FEI Number Not App	licable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
KUMMER, HUGO J 1748 INDEPENDENCE BLVD STE C1 SARASOTA, FL 342342150 US				KUMMER, HUGO J 5971 CATTLERIDGE BLVD STE 101 SARASOTA, FL 34232 US		
The above in the State		ubmits this statement for the pu	urpose of changing i	its registered o	office or registered agent, or both,	
SIGNATURE: HUGO J KUMMER				02/22/2008		
	Electron	ic Signature of Registered Age	nt		Date	
		8(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notic	e.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	KUMMER, HUG	DENCE BLVD STE C1	Title: Name: Address: City-St-Zip:	KUMMER, HUG	RIDGE BLVD STE 101	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	GUZZO, GARY	RIDGE BLVD STE 101	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	COOPER, JOS	RIDGE BLVD STE 101	
Title: Name: Address:	()	Delete	Title: Name: Address:	GALLOWAY, C) Change (X) Addition :LYDE W RIDGE BLVD STE 101	

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.

City-St-Zip:

SARASOTA, FL 34232 US

SIGNATURE: HUGO J KUMMER 02/22/2008 D