2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000018513

Entity Name: MARTIN-ARGOTE INSURANCE GROUP, INC.

FILED Oct 30, 2008 Secretary of State

| Current Pi | rincipal Plac | e of Business: | New Principal Place | New Principal Place of Business: | |
|---|--|---|---|--|--|
| 7911 NW 7 SUITE 114 MEDLEY, F | 1 | US | | | |
| Current M | ailing Addre | ess: | New Mailing Address | New Mailing Address: | |
| 7911 NW 7 SUITE 114 MEDLEY, F | 1 FL 33166 | US | | | |
| FEI Number: | 65-1078706 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| ARGOTE, 7911 NW 7 114 MEDLEY, F | | S | | | |
| The above in the State | , | submits this statement for the | e purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATUR | RE: ERICK | ARGOTE | | | |
| | Electro | onic Signature of Registered A | gent | Date | |
| | | 93(2)(b), F.S., the corporation did ng Trust Fund Contribution (). | not receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PTD (MARTIN, MAR 7911 NW 72 / MEDLEY, FL | AVE STE114 | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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: MARGARITA MARTIN P 10/30/2008