

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000098607

FILED  
Nov 02, 2004  
Secretary of State

**Entity Name:** LORI BIRCHELL INSURANCE AGENCY INC.

**Current Principal Place of Business:**

253 A PLAZA DRIVE  
OVIEDO, FL 32765

**New Principal Place of Business:**

253 PLAZA DRIVE  
SUITE A  
OVIEDO, FL 32765

**Current Mailing Address:**

253 A PLAZA DRIVE  
OVIEDO, FL 32765

**New Mailing Address:**

253 PLAZA DRIVE  
SUITE A  
OVIEDO, FL 32765

**FEI Number:** 59-3745473

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BIRCHELL, LORI  
1121 SHADOWBROOK TRAIL  
WINTER SPRINGS, FL 32708 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:**

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

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BIRCHELL, LORI  
Address: 1121 SHADOWBROOK TRAIL  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: BIRCHELL, DAVID  
Address: 1121 SHADOWBROOK TRAIL  
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** LORI BIRCHELL

PD

11/02/2004

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

\_\_\_\_\_  
Date