2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000014218

Entity Name: A & R INSURANCE INC.

FILED Feb 24, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3395 W. VINE STREET 600 THACKER AVE. SUITE 301 SUITE B2

KISSIMMEE, FL 34741 US KISSIMMEE, FL 34741 US

Current Mailing Address: New Mailing Address:

3395 W. VINE STREET 600 THACKER AVE.

SUITE 301 SUITE B2

KISSIMMEE, FL 34741 US KISSIMMEE, FL 34741 US

FEI Number: 90-0008998 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BULLEN, RANDOLPH H PRES
3395 W. VINE STREET
SUITE 301

BULLEN, RANDOLPH H PRES
600 THACKER AVE.
SUITE B2

KISSIMMEE, FL 34741 US KISSIMMEE, FL 34741 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: RANDOLPH H BULLEN 02/24/2010

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD

Name: BULLEN, RANDOLPH H
Address: 600 THACKER AVE. B2
City-St-Zip: KISSIMMEE, FL 34741

Title: PD

Name: BULLEN, RANDOLPH H Address: 600 THACKER AVE. B2 City-St-Zip: KISSIMMEE, FL 34741

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: RANDOLPH H BULLEN PRES 02/24/2010