

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000014218

Entity Name: A & R INSURANCE INC.

FILED
Oct 11, 2013
Secretary of State

Current Principal Place of Business:

600 THACKER AVE.
SUITE B2
KISSIMMEE, FL 34741 US

Current Mailing Address:

600 THACKER AVE.
SUITE B2
KISSIMMEE, FL 34741 US

New Principal Place of Business:

600 N. THACKER AVE.
SUITE B2
KISSIMMEE, FL 34741 US

New Mailing Address:

600 N. THACKER AVE.
SUITE B2
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:

BULLEN, RANDOLPH H PRES
600 THACKER AVE.
SUITE B2
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

BULLEN, RANDOLPH H PRES
600 N. THACKER AVE.
SUITE B2
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

10/11/2013

Electronic Signature of Registered Agent

Date

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

PD

10/11/2013

Electronic Signature of Signing Officer or Director

Date