

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000082116

**FILED**  
**Oct 02, 2008**  
**Secretary of State**

**Entity Name:** NATIONAL BONDING & INSURANCE CORP.

**Current Principal Place of Business:**

4220 HOOD ROAD  
SUITE 2B  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

320 W OAKLAND PARK BLVD  
B  
WILTON MANORS, FL 33311

**Current Mailing Address:**

4220 HOOD ROAD  
SUITE 2B  
JACKSONVILLE, FL 32257

**New Mailing Address:**

320 W OAKLAND PARK BLVD  
B  
WILTON MANORS, FL 33311

**FEI Number:** 13-4204655

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GUILLEN, ALEXANDER  
4220 HOOD ROAD  
SUITE 2B  
JACKSONVILLE, FL 32257 US

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

ALMEIDA, EDUARDO F  
320 W OAKLAND PARK BLVD  
B  
WILTON MANORS, FL 33311 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: EDUARDO F ALMEIDA

10/02/2008

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: D ( ) Delete  
Name: GUILLEN, ALEXANDER  
Address: 4220 HOOD ROAD SUITE 2B  
City-St-Zip: JACKSONVILLES, FL 32257

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

Title: PD (X) Change ( ) Addition  
Name: ALMEIDA, EDUARDO F  
Address: 320 W OAKLAND PARK BLVD SUITE B  
City-St-Zip: WILTON MANORS, FL 33311

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: EDUARDO F ALMEIDA

PD

10/02/2008

Electronic Signature of Signing Officer or Director

Date