

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000129332	
1. Entity Name REGGY BLANKENSHIP INSURANCE AGENCY, INC.	



FILED
2006 DEC 14 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6220 MANATEE AVENUE W. SUITE 104 BRADENTON, FL 34209	Mailing Address 6220 MANATEE AVENUE W. SUITE 104 BRADENTON, FL 34209
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



12122006 REIN-P CR2E098 (11/05)

4. FEI Number 59-3762787		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BLANKENSHIP, REGINALD 6220 MANATEE AVENUE W. SUITE 104 BRADENTON, FL 34209		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. 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. I am familiar with, and accept the obligation of registered agent.

SIGNATURE Reginald D. Blankenship - Pres **REGINALD D. BLANKENSHIP - Pres.** 12-12-2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BLANKENSHIP, REGINALD 6220 MANATEE AVENUE W. SUITE 104 BRADENTON, FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Reginald D. Blankenship - Pres. **REGINALD D. BLANKENSHIP** 12/12/06 941-792-1810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #