

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000130400

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** A BUDGET INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

4345 UNIVERSITY BLVD. SUITE #5  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

7120 HOGAN RD #8  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4345 UNIVERSITY BLVD. SUITE #5  
JACKSONVILLE, FL 32216

**New Mailing Address:**

7120 HOGAN RD #8  
JACKSONVILLE, FL 32216

**FEI Number:** 30-0160273

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WINTER, W A ESQ  
310 THIRD STREET  
NEPTUNE BEACH, FL 32266 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: LIBBY SMITH

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SMITH, LIBBY  
Address: 13870 SOFT WIND TRAIL  
City-St-Zip: JACKSONVILLE, FL 32224

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: LIBBY SMITH

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

PRES

04/25/2012

\_\_\_\_\_  
Date