

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000017101

**FILED**  
**Nov 06, 2006**  
**Secretary of State**

**Entity Name:** ASSOCIATES INSURANCE GROUP, INC.

**Current Principal Place of Business:**

16520 TAMIAMI TRAIL 18  
UNIT #191  
FT. MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

16520 TAMIAMI TRAIL 18  
UNIT #191  
FT. MYERS, FL 33908

**New Mailing Address:**

**FEI Number:** 54-2095920

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRUBE, JEFF  
16520 TAMIAMI TRAIL 18  
UNIT 191  
FT. MYERS, FL 33908 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: JEFF GRUBE

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: PSD ( ) Delete  
Name: GRUBE, JEFFREY  
Address: 16520 TAMIAMI TRAIL 18 , UNIT 191  
City-St-Zip: FT. MYERS, FL 33908

Title: VTD ( ) Delete  
Name: ROSS, KEVIN  
Address: 16520 TAMIAMI TRAIL 18 , UNIT 191  
City-St-Zip: FT. MYERS, FL 33908

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFF GRUBE

Electronic Signature of Signing Officer or Director

PSD

11/06/2006

Date