

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV -9 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11072007 REIN-P CR2E098 (1/07)

DOCUMENT # P03000021567 1. Entity Name LER INSURANCE AGENCY, INC.					
Principal Place of Business 6150 STATE RD 70 E BRADENTON, FL 34203			Mailing Address 6160 STATE RD 70 E BRADENTON, FL 34203		
2. Principal Place of Business - No P.O. Box # 4128 20th ST W Suite, Apt. #, etc.		3. Mailing Address 4128 20th ST W Suite, Apt. #, etc.			
City & State BRADENTON, FL Zip Country 34205 MANATEE		City & State BRADENTON, FL Zip Country 34205 MANATEE		4. FEI Number 56-2318828 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 FLORIDA INCORPORATORS, INC. 8875 HIDDEN RIVER PARKWAY SUITE 300 TAMPA, FL 33637-2087	
7. Name and Address of New Registered Agent Name: LAWRENCE E RUBENSTEIN Street Address (P.O. Box Number is Not Acceptable): 9922 CAPE HAZE CIR City: PARRISH FL Zip Code: 34219				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 obligations of registered agent.	
SIGNATURE: <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO RUBENSTEIN, LAWRENCE E 9922 CAPE HAZE CIR PARRISH, FL 34219		TITLE NAME STREET ADDRESS CITY - ST - ZIP	500112179535 11/03/07--01054--008 **150.00	
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	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			11/7/07 941-752-4420 <small>Date Daytime Phone #</small>		

11/14/07