## 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000036825

Entity Name: FIRST CHOICE INSURANCE CENTER, INC.

FILED May 10, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

3601 SW 2ND PLACE 4434 NW 13TH STREET SUITE F GAINESVILLE, FL 32609

GAINESVILLE, FL 32607

Current Mailing Address: New Mailing Address:

3601 SW 2ND PLACE
SUITE F
GAINESVILLE, FL 32607

4434 NW 13TH STREET
GAINESVILLE, FL 32609

FEI Number: 16-1659923 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WRIGHT, CHARLES G
3601 SW 2ND PLACE
SUITE F
GAINESVILLE, FL 32607 US
WRIGHT, CHARLES G
4434 NW 13TH STREET
GAINESVILLE, FL 32609 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: CHARLES G WRIGHT 05/10/2007

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:

( ) Delete Title: VPS (X) Change ( ) Addition

 Name:
 WRIGHT, CHARLES G
 Name:
 WRIGHT, CHARLES G

 Address:
 3601 SW 2ND PLACE, SUITE F
 Address:
 4434 NW 13TH STREET

 City-St-Zip:
 GAINESVILLE, FL 32607
 City-St-Zip:
 GAINESVILLE, FL 32609

Title: PT ( ) Delete Title: PT (X) Change ( ) Addition
Name: WRIGHT KINBER I. Name: WRIGHT KINBER I.

 Name:
 WRIGHT, KINBER L
 Name:
 WRIGHT, KINBER L

 Address:
 3601 SW 2ND AVE, SUITE F
 Address:
 4434 NW 13TH STREET

 City-St-Zip:
 GAINESVILLE, FL 32607
 City-St-Zip:
 GAINESVILLE, FL 32609

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: CHARLES G WRIGHT VPS 05/10/2007