

# 2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000060804

**FILED**  
**Aug 08, 2012**  
**Secretary of State**

**Entity Name:** OLDE OAKE INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

5331 COMMERCIAL WAY, SUITE 201  
SPRING HILL, FL 34606

**New Principal Place of Business:**

8171 CHAUCER DRIVE  
WEEKI WACHEE, FL 34607

**Current Mailing Address:**

5331 COMMERCIAL WAY, SUITE 201  
SPRING HILL, FL 34606

**New Mailing Address:**

8171 CHAUCER DRIVE  
WEEKI WACHEE, FL 34607

**FEI Number:** 51-0466814

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DIXON, JAMES D SR.  
5331 COMMERCIAL WAY, SUITE 201  
SPRING HILL, FL 34606 US

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

DIXON, JAMES D SR.  
8171 CHAUCER DRIVE  
WEEKI WACHEE, FL 34607 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: JAMES D DIXON SR

08/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MR  
Name: DIXON, JAMES D SR.  
Address: 8171 CHAUCER DRIVE  
City-St-Zip: WEEKI WACHEE, FL 34607

Title: MRS  
Name: DIXON, DIANE L  
Address: 8171 CHAUCER DRIVE  
City-St-Zip: WEEKI WACHEE, FL 34607

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: JAMES D DIXON SR

MR.

08/08/2012

Electronic Signature of Signing Officer or Director

Date