2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 29, 2008
Secretary of State

DOCUMENT# P03000061278

Entity Name: GASAL INSURANCE, INC.

Current Principal Place of Business:

1835 EAST HALLANDALE BEACH BOULEVARD
SUITE 298
HALLANDALE, FL 33009 US

New Principal Place of Business:

5843 JOHNSON ST.
HOLLYWOOD, FL 33021 US

Current Mailing Address:

1835 EAST HALLANDALE BEACH BOULEVARD
SUITE 298
HALLANDALE, FL 33009 US

New Mailing Address:

5843 JOHNSON ST.
HOLLYWOOD, FL 33021 US

FEI Number: 42-1595288 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASAL, WILMA
1835 EAST HALLANDALE BEACH BOULEVARD
SUITE 298
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

LABRANCHE, MOISES
5843 JOHNSON ST.
HOLLYWOOD, FL 33021 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: ML 09/29/2008
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: MS. ( ) Delete
Name: GASAL, WILMA M MS.
Address: 1835 E. HALLANDALE BEACH BLVD., STE. 298
City-St-Zip: HALLANDALE, FL 33009 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change ( ) Addition
Name: LABRANCHE, MOISES M MS.
Address: 5843 JOHNSON ST.
City-St-Zip: HOLLYWOOD, FL 33021 US

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: ML PRES 09/29/2008
Electronic Signature of Signing Officer or Director Date