

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000082530

FILED
Oct 04, 2009
Secretary of State

Entity Name: FLORIDIAN INSURANCE SERVICES, INC.

Current Principal Place of Business:

1045 JOHN YOUNG PKWY
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

1945 BIG CYPRESS DR
SAINT CLOUD, FL 34771 US

New Mailing Address:

FEI Number: 20-0117696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALLE, MONICA P
542 WHITTINGHAM PLACE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

VALLE, MONICA P
1945 BIG CYPRESS DR
SAINT CLOUD, FL 34771 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: MONICA P VALLE

10/04/2009

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: P () Delete
Name: VALLE, MONICA P
Address: 542 WHITTINGHAM PLACE
City-St-Zip: LAKE MARY, FL 32746 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VALLE, MONICA P
Address: 1945 BIG CYPRESS DR
City-St-Zip: SAINT CLOUD, FL 34771 US

Title: VP () Change (X) Addition
Name: ESCOBAR, OLIVA
Address: 1945 BIG CYPRESS DR
City-St-Zip: SAINT CLOUD, FL 34771

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: OLIVA ESCOBAR

VP

10/04/2009

Electronic Signature of Signing Officer or Director

Date