

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000093776

FILED
Dec 05, 2007
Secretary of State

Entity Name: FLORIDA NATIONAL FLOOD INSURANCE COMPANY

Current Principal Place of Business:

8200 113TH STREET NORTH
SUITE 2A
SEMINOLE, FL 33772

New Principal Place of Business:

8200 113TH STREET NORTH
SUITE 201
SEMINOLE, FL 33772 US

Current Mailing Address:

8200 113TH STREET NORTH
SUITE 2A
SEMINOLE, FL 33772

New Mailing Address:

8200 113TH STREET NORTH
SUITE 201
SEMINOLE, FL 33772 US

FEI Number: 02-0705697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIESET, JAMES R
6740-D CROSSWINDS DRIVE NORTH
ST. PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

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 R. NIESET

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: DPTS () Delete
Name: HARTSELLE, GLENDA
Address: 8200 113TH ST N, SUITE 2A
City-St-Zip: SEMINOLE, FL 33772

Title: VP () Delete
Name: MURPHY, SHARON
Address: 8200 113TH ST N., SUITE 2A
City-St-Zip: SEMINOLE, FL 33772

Title: D (X) Delete
Name: HARTSELLE, MAHION A
Address: 8200 113TH ST N., SUITE 2A
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: HARTSELLE, MAHION A
Address: 8200 113TH ST N, SUITE 201
City-St-Zip: SEMINOLE, FL 33772 US

Title: VP (X) Change () Addition
Name: MURPHY, SHARON
Address: 8200 113TH ST N., SUITE 201
City-St-Zip: SEMINOLE, FL 33772

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MAHION A. HARTSELLE

DPTS

12/05/2007

Electronic Signature of Signing Officer or Director

Date