

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000099444

FILED  
Aug 21, 2005  
Secretary of State

Entity Name: OPTION ONE INSURANCE GROUP, INC.

## Current Principal Place of Business:

11410 N. KENDA;LL DRIVE  
204  
MIAMI, FL 33176

## New Principal Place of Business:

5003 LEE BLVD  
LEHIGH ACRES, FL 33971

## Current Mailing Address:

11410 N. KENDA;LL DRIVE  
204  
MIAMI, FL 33176

## New Mailing Address:

5003 LEE BLVD  
LEHIGH ACRES, FL 33971

FEI Number: 20-3228848

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TELLEZ, CHRISTIAN  
410 SW 135 AVE  
MIAMI, FL, FL 33184 US

## Name and Address of New Registered Agent:

DIAZ, JOSE  
5003 LEE BLVD  
LEHIGH ACRES, FL 33971 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: JOSE DIAZ

08/21/2005

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: DIAZ, MARIANGELES  
Address: 15666 SW 95TH LANE  
City-St-Zip: MIAMI, FL 33196 US

Title: VP (X) Delete  
Name: TELLEZ, CHRISTIAN  
Address: 410 SW 135 AVE  
City-St-Zip: MIAMI, FL 33184 US

Title: CFO ( ) Delete  
Name: DIAZ, JOSE JR  
Address: 15666 SW 95TH LANE  
City-St-Zip: MIAMI, FL 33196 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DIAZ, MARIANGELES  
Address: 5003 LEE BLVD  
City-St-Zip: LEHIGH ACRES, FL 33971 US

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

Title: VP (X) Change ( ) Addition  
Name: DIAZ, JOSE  
Address: 5003 LEE BLVD  
City-St-Zip: LEHIGH CARES, FL 33971 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARIANGELES DIAZ

P

08/21/2005

Electronic Signature of Signing Officer or Director

Date