2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 16, 2007
Secretary of State

DOCUMENT# P03000108467

Entity Name: FARM-AGRI CROP INSURANCE, INC.

Current Principal Place of Business:

2521 COUNTRY CLUB DRIVE
LYNN HAVEN, FL 32444

New Principal Place of Business:

322 LONG AVENUE
PORT ST JOE, FL 32456

Current Mailing Address:

2521 COUNTRY CLUB DRIVE
LYNN HAVEN, FL 32444

New Mailing Address:

322 LONG AVENUE
PORT ST JOE, FL 32456

FEI Number: 73-1681248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAKER, FRANK A
4431 LAFAYETTE STREET
MARIANNA, FL 32446 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: FRANK BAKER

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: D ( ) Delete
Name: FISHER, TODD P
Address: 2521 COUNTRY CLUB DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FISHER, TODD P
Address: 1114 REDFISH CIRCLE
City-St-Zip: PANAMA CITY BEACH, FL 32408

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: TODD P. FISHER DIR 10/16/2007

Electronic Signature of Signing Officer or Director Date