

**2008 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 25, 2008  
Secretary of State**

DOCUMENT# P03000113979

Entity Name: AMERICAN INSURANCE PRODUCTS ADVISORS, INC.

**Current Principal Place of Business:**

4095 SW 67 AVENUE  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

4095 SW 67 AVENUE  
MIAMI, FL 33155

**New Mailing Address:**

FEI Number: 20-0307783      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARGUELLO, JOAQUIN E  
4095 SW 67 AVENUE  
MIAMI, FL 33155    US

**Name and Address of New Registered Agent:**

SILVA, JOANA  
4095 SW 67 AVENUE  
MIAMI, FL 33155    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: JOANA SILVA      10/25/2008  
\_\_\_\_\_  
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: PSD      ( ) Delete  
Name: SILVA, JOANA  
Address: 4095 SW 67TH AVE  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: JOANA SILVA      OWNE      10/25/2008  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date