2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV -5 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

DOCUMENT # P03000122396

1. Entity Name
LAND AMERICA INSURANCE SERVICES, INC.

10222004 REIN-P CR2E098 (5/04)

Principal Place of Business	Mailing Address
1609 PRIMROSE LN W PALM BEACH, FL 33414	1609 PRIMROSE LN W PALM BEACH, FL 33414

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	13833 Wellington TRACE Suite E4 PMB 306
City & State	Wellington FL
Zip / Country	33414-8584 /

4. FEI Number 56-2438697 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~NELSON, JEAN M~~ ~~1609 PRIMROSE LN~~ ~~W PALM BEACH, FL 33414~~	Name: Steven L. Robbins, Esquire Street Address (P.O. Box Number is Not Acceptable): 6334 Porter ST., STE. 100 City: Juliter FL Zip Code: 33458

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 10/22/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After January 1, 2005, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NELSON, JUAN A 1609 PRIMROSE LN W PALM BEACH, FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR NELSON JUAN A 13833 Wellington Trace suite E4 PMB 306 Wellington FL 33414	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ORTEGA, ANTONIO 1609 PRIMROSE LN W PALM BEACH, FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ORTEGA, ANTONIO 13833 Wellington Trace Suite E4 PMB 306 Wellington FL 33414	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLOAN, LINTON 1609 PRIMROSE LN W PALM BEACH, FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900342814159 10/29/04-01054-007 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: F. Anthony Nelson President 10/22/04 (561) 722-2833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #