

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000122396

FILED
Sep 22, 2005
Secretary of State

Entity Name: LAND AMERICA INSURANCE SERVICES, INC.

Current Principal Place of Business:

1609 PRIMROSE LN
W PALM BEACH, FL 33414

New Principal Place of Business:

224 DATURA STREET #515
W PALM BEACH, FL 33401

Current Mailing Address:

13833 WELLINGTON TRACE, STE E4
PMB 306
WELLINGTON, FL 334148584

New Mailing Address:

224 DATURA STREET
515
WEST PALM BEACH, FL 33401

FEI Number: 56-2438697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBBINS, STEVEN L ESQ.
6334 FOSTER STREET, STE 100
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

MIDDLETON, JEAN MARIE ESQ.
224 DATURA STREET
515
WEST PALM BEACH, FL 33401 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: JEAN MARIE MIDDLETON

09/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NELSON, JUAN A
Address: 13833 WELLINGTON TRACE, STE E4
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: ORTEGA, ANTONIO
Address: 13833 WELLINGTON TRACE, STE E4
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: FLOAN, LINTON
Address: 1609 PRIMROSE LN
City-St-Zip: W PALM BEACH, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NELSON, JUAN A
Address: 224 DATURA STREET SUITE 515
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D (X) Change () Addition
Name: ORTEGA, ANTONIO
Address: 224 DATURA STREET SUITE 515
City-St-Zip: WEST PALM BEACH, FL 33401

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

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: JAUN ANTHONY NELSON

D

09/22/2005

Electronic Signature of Signing Officer or Director

Date