

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000042998

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA MORTGAGE SPECIALIST, INC.

**Current Principal Place of Business:**

3512 MARSALA CT  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

26453 BARRANQUILLA AVE  
PUNTA GORDA, FL 33983

**Current Mailing Address:**

3512 MARSALA CT  
PUNTA GORDA, FL 33950

**New Mailing Address:**

26453 BARRANQUILLA AVE  
PUNTA GORDA, FL 33983

FEI Number: 20-0847024

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LASSERRE, BRIAN  
3512 MARSALA CT  
PUNTA GORDA, FL 33950 US

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

LASSERRE, BRIAN  
26453 BARRANQUILLA AVE  
PUNTA GORDA, FL 33983 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: BRIAN LASSERRE

01/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LASSERRE, BRIAN  
Address: 26453 BARRANQUILLA AVE  
City-St-Zip: PUNTA GORDA, FL 33983

Title: V  
Name: LASSERRE, STACEY  
Address: 26453 BARRANQUILLA AVE  
City-St-Zip: PUNTA GORDA, FL 33983

I hereby 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 all other like empowered.

SIGNATURE: BRIAN LASSERRE

P

01/06/2011

Electronic Signature of Signing Officer or Director

Date