

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000086192

FILED
Apr 27, 2006
Secretary of State

Entity Name: THE PONDEROSA ASSURANCE CO.

Current Principal Place of Business:

1560 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

PO BOX 451178
SUNRISE, FL 333451178

New Mailing Address:

1560 SAWGRASS CORPORATE PARKWAY
465
SUNRISE, FL 33323

FEI Number: 20-1260301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TRUSTMARK PLAN ADMINISTRATION, INC.
1560 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

SCHWEITZER, AMNON I
1560 SAWGRASS CORPORATE PARKWAY
465
SUNRISE, FL 33323 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: AMNON SCHWEITZER

04/27/2006

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: SCHWEITZER, AMNON I
Address: PO BOX 451178
City-St-Zip: SUNRISE, FL 333451178

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SCHWEITZER, AMNON I
Address: 9810 NW 10TH COURT
City-St-Zip: PLANTATION, FL 33322

Title: D () Change (X) Addition
Name: HAYMON, STEVEN E
Address: 12655 NW 17TH PLACE
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the 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: AMNON SCHWEITZER

D

04/27/2006

Electronic Signature of Signing Officer or Director

Date