

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000136461

**FILED**  
**Dec 09, 2009**  
**Secretary of State**

**Entity Name:** ALL ALLIANCE INSURANCE III, CORP.

**Current Principal Place of Business:**

7000 LAKE UNDERHILL RD  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

7000 LAKE UNDERHILL RD  
ORLANDO, FL 32822

**New Mailing Address:**

**FEI Number:** 20-1727428

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASTILLO, DAVID  
515 N. SEMORAN BLVD.  
ORLANDO, FL 32807 US

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

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:** DAVID CASTILLO

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:** VP ( ) Delete  
**Name:** ELIZABETH, CREITOFF  
**Address:** 515 N. SEMORAN BLVD.  
**City-St-Zip:** ORLANDO, FL 32807

**Title:** P ( ) Delete  
**Name:** CASTILLO, DAVID  
**Address:** 7000 LAKE UNDERHILL RD  
**City-St-Zip:** ORLANDO, FL 32822

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

**Title:** VP (X) Change ( ) Addition  
**Name:** DAVID, CASTILLO A  
**Address:** 515 N. SEMORAN BLVD.  
**City-St-Zip:** ORLANDO, FL 32807

**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:** DAVID CASTILLO

Electronic Signature of Signing Officer or Director

**PRES**

**12/09/2009**

Date