

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000138681

**FILED**  
**Jul 12, 2010**  
**Secretary of State**

**Entity Name:** REED WADE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

100 FAULKNER ST  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

102 FAULKNER ST  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

100 FAULKNER ST.  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

102 FAULKNER ST.  
NEW SMYRNA BEACH, FL 32168

**FEI Number:** 20-1838072

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WADE, GEORGE R  
100 FAULKNER ST.  
NEW SMYRNA BEACH, FL 32168 US

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

WADE, GEORGE R  
102 FAULKNER ST.  
NEW SMYRNA BEACH, FL 32168 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: GEORGE REED WADE

07/12/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WADE, GEORGE R  
Address: 102 FAULKNER ST.  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: GEORGE REED WADE

PRES

07/12/2010

Electronic Signature of Signing Officer or Director

Date