

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000167010

FILED
Oct 24, 2005
Secretary of State

Entity Name: MICHAEL SCURTI INSURANCE AGENCY INC

Current Principal Place of Business:

10438 LEM TURNER RD
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

4524 VERONA AVE
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 20-1786147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCURTI, MICHAEL
4524 VERONA AVE
JACKSONVILLE, FL 32210 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: MICHAEL SCURTI

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: P () Delete
Name: SCURTI, MICHAEL
Address: 4524 VERONA AVE
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MICHAEL SCURTI

Electronic Signature of Signing Officer or Director

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10/24/2005

Date