

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000171619

Entity Name: INFINITY INSURANCE AGENCY, INC.

FILED
Oct 19, 2005
Secretary of State

Current Principal Place of Business:

2514 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020

New Principal Place of Business:

7157 WEST OAKLAND PARK BOULEVARD
SUNRISE, FL 33313

Current Mailing Address:

2514 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020

New Mailing Address:

7157 WEST OAKLAND PARK BOULEVARD
SUNRISE, FL 33313

FEI Number: 59-3792181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINA, TRACI L
2431 NW 93RD LANE
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

PINA, TRACI L
7157 WEST OAKLAND PARK BOULEVARD
SUNRISE, FL 33313 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: TRACI PINA

10/19/2005

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,D () Delete
Name: PINA, TRACI L
Address: 2431 NW 93RD LANE
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: PINA, TRACI L
Address: 7157 WEST OAKLAND PARK BOULEVARD
City-St-Zip: SUNRISE, FL 33313

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: TRACI PINA

PD

10/19/2005

Electronic Signature of Signing Officer or Director

Date