

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000004920

Entity Name: INSURANCE USA OF SO.FLORIDA INC.

FILED
Oct 23, 2006
Secretary of State

Current Principal Place of Business:

3590 S. STATE RD 7
201
MIRAMAR, FL 33023

New Principal Place of Business:

3590 S. STATE RD 7
1
MIRAMAR, FL 33023

Current Mailing Address:

3590 S. STATE RD 7
201
MIRAMAR, FL 33023

New Mailing Address:

3590 S. STATE RD 7
1
MIRAMAR, FL 33023

FEI Number: 57-1216413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, LOUIS C
3590 S. STATE RD 7
201
MIRAMAR, FL 33023 US

Name and Address of New Registered Agent:

BAKER, LOUIS C
3590 S. STATE RD 7
1
MIRAMAR, FL 33023 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: LOUIS BAKER

10/23/2006

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: P () Delete
Name: BAKER, LOUIS C
Address: 3590 S. STATE RD 7
City-St-Zip: MIRAMAR, FL 33023

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 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: LOUIS BAKER

P

10/23/2006

Electronic Signature of Signing Officer or Director

Date