2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000054477

Entity Name: INSURANCE IS US, INC.

FILED Apr 23, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Current Principal Place of Business: New Principal Place of Business:

6413 CONGRESS AVE. 700 BANYAN TRAIL

SUITE 200 230

BOCA RATON, FL 33487 BOCA RATON, FL 33431

Current Mailing Address: New Mailing Address:

700 BANYAN TRAIL 6413 CONGRESS AVE.

SUITE 200

BOCA RATON, FL 33487 BOCA RATON, FL 33431

FEI Number: 20-2679165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SHATZ, SAMUEL G SHATZ, SAMUEL G 700 BANYAN TRAIL 3131 CLINT MOORE RD.

204 SUITE 200

BOCA RATON, FL 33496 US BOCA RATON, FL 33431 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: SAMUEL G SHATZ 04/23/2009

> 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: () Delete Title: TUCKER, STEPHEN M TUCKER, STEPHEN M Name: Name: 6413 CONGRESS AVE 700 BANYAN TRAIL, SUITE 200 Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: BOCA RATON, FL 33431

VΡ Title: VΡ (X) Change () Addition Title: () Delete SHATZ, HAROLD L Name: Name: SHATZ, HAROLD L

6413 CONGRESS AVE 700 BANYAN TRAIL, SUITE 200 Address: Address: BOCA RATON, FL 33487 BOCA RATON, FL 33431 City-St-Zip: City-St-Zip:

Title: Title: S/T () Delete S/T (X) Change () Addition

SHATZ, SAMUEL G SHATZ, SAMUEL G Name: Name:

6413 CONGRESS AVE 700 BANYAN TRAIL, SUITE 200 Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: BOCA RATON, FL 33431

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.

VΡ SIGNATURE: HAROLD SHATZ 04/23/2009