2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000062277

City-St-Zip:

Entity Name: VISIONARY INSURANCE GROUP, INC.

FILED Oct 21, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
820 ALBEE SUITE 7 NOKOMIS	E RD. , FL 34275			820 ALBEE SUITE 5 NOKOMIS		5		
Current Mailing Address:				New Mailing Address:				
820 ALBEE SUITE 7 NOKOMIS	E RD. , FL 34275			820 ALBEE SUITE 5 NOKOMIS		5		
FEI Number:	: 20-2746774	FEI Number Applied For ()	FEI Nur	nber Not App	licable ()	Certific	ate of Status Desired ()	
Name and	Address of C	Current Registered Agent:		Name and	Address	of New Reg	gistered Agent:	
820 ALBEE NOKOMIS The above in the State	, FL 34275 named entity e of Florida.	US submits this statement for the	e purpose o	of changing i	its registere	ed office or	registered agent, or both,	
SIGNATUR		CHAMBERLAIN nic Signature of Registered A	aent				Date	
Election Car	ce with s. 607.19	(3(2)(b), F.S., the corporation did g Trust Fund Contribution ().	•	•		SES TO OF	FICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip: Title:	CHAMBERLAIN 820 ALBEE RD NOKOMIS, FL)		Title: Name: Address: City-St-Zip: Title:	VP	., -	() Addition (X) Addition	
Name: Address:				Name: Address:	CHAMBER 820 ALBEI	LAIN, LOGAN FRD	III	

City-St-Zip: NOKOMIS, FL 34275

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.

SIGNATURE: LOGAN CHAMBERLAIN P 10/21/2009