2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2007
Secretary of State

DOCUMENT# P05000080164

Entity Name: PALM BEACH INSURANCE ADVISORY GROUP, INC.

Current Principal Place of Business:

215 SOUTH OLIVE AVE
SUITE 400
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

215 SOUTH OLIVE AVE
SUITE 400
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-0958814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUZA, RAYMOND F
214 EAST LAKEWOOD RD
WEST PALM BEACH, FL 33405 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: RAYMOND F BUZA

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BUZA, RAYMOND F
Address: 214 EAST LAKEWOOD ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

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 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: RAYMOND F PUZA P 10/05/2007

Electronic Signature of Signing Officer or Director — Date