# 2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Nov 06, 2009**
**Secretary of State**

DOCUMENT# P05000120531

**Entity Name:** SEARO INSURANCE GROUP, INC.

**Current Principal Place of Business:**

5323 MAPLE STREET
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

5323 MAPLE STREET
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

**FEI Number: 04-3824521** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

TRASK, RON
5323 MAPLE STREET
NEW PORT RICHEY, FL 34652 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: RON TRASK

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: PRES ( ) Delete
Name: TRASK, RON A
Address: 5323 MAPLE STREET
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SEC (X) Delete
Name: HANDOGA, MICHAEL
Address: 5323 MAPLE STREET
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP (X) Delete
Name: HARVEY, PATRICK SEAN
Address: 5323 MAPLE STREET
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RON TRASK PRES 11/06/2009

Electronic Signature of Signing Officer or Director — Date