2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 04, 2011
Secretary of State

DOCUMENT# P05000128953

Entity Name: MONTGOMERY INSURANCE GROUP, INC.

Current Principal Place of Business:

10695 BEACH BLVD
1
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

10695 BEACH BLVD
1
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 20-3493165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTGOMERY, CHRISTOPHER L
10695 BEACH BLVD
1
JACKSONVILLE, FL 32246 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: CHRISTOPHER L. MONTGOMERY
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: MONTGOMERY, CHRISTOPHER L
Address: 7800 POINTE MEADOWS DR #923
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER L. MONTGOMERY PRES 10/04/2011
Electronic Signature of Signing Officer or Director Date