


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000138020		
1. Entity Name RELiance MUTUAL GROUP, INC.		

Principal Place of Business 401 STRATHAVEN COURT LUTZ, FL 33549	Mailing Address 401 STRATHAVEN COURT LUTZ, FL 33549
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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FILED
07 APR 16 AM 10: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT
06-07
04092007 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent BENNIEFIELD, JOHNNIE C 401 STRATHAVEN COURT LUTZ, FL 33549		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Johnnie C. Benniefield DATE 4-9-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S BENNIEFIELD, JOHNNIE C 401 STRATHAVEN COURT LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Johnnie C. Benniefield DATE 4-9-07 Daytime Phone # 813-493-7187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR