

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000145527

**FILED**  
**Mar 15, 2013**  
**Secretary of State**

**Entity Name:** COAST TO COAST INSURANCE OF FLORIDA, INC.

**Current Principal Place of Business:**

3302 BAY TO BAY BLVD  
102  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

3302 BAY TO BAY BLVD  
#102  
TAMPA, FL 33629

**New Mailing Address:**

3302 BAY TO BAY BLVD  
102  
TAMPA, FL 33629

**FEI Number:** 13-4356416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HERNDON, KATHRYN B MRS.  
4107 W PLATT STREET  
TAMPA, FL 33609 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: KATHRYN B HERNDON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: WALSH HERNDON, KATHRYN B  
Address: 4107 WEST PLATT STREET  
City-St-Zip: TAMPA, FL 33609

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: KATHYRN WALSH HERNDON

CEO

03/15/2013

Electronic Signature of Signing Officer or Director

Date