2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000148924

Entity Name: PADILLA INSURANCE GROUP, INC.

FILED Nov 06, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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680 EAST STATE ROAD 434 241 N. COUNTRY CLUB RD # 1009 WINTER SPRINGS, FL 32708

LAKE MARY, FL 32746

Current Mailing Address: New Mailing Address:

241 N. COUNTRY CLUB RD # 1009 680 EAST STATE ROAD 434

WINTER SPRINGS, FL 32708 LAKE MARY, FL 32746

FEI Number: 20-3756804 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PADILLA, MILTON PADILLA, MILTON 228 COURTNEY SPRINGS CIRCLE 1004 GEMSTONE COVE WINTER SPRINGS, FL 32708 SANFORD, FL 32771

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: MILTON PADILLA 11/06/2007

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change () Addition

PADILLA, MILTON Name: Name: PADILLA, MILTON 241 N. COUNTRY CLUB RD # 1009 228 COURTNEY SPRINGS CIRCLE Address:

Address: SANFORD, FL 32771 City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip:

Title: () Delete Title: () Change (X) Addition

Name: Name: PADILLA, ELIZABETH

Address: Address: 241 N. COUNTRY CLUB RD # 1009

LAKE MARY, FL 32771 City-St-Zip: 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: MILTON PADILLA 0 11/06/2007