

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000148924

Entity Name: PADILLA INSURANCE GROUP, INC.

FILED
Oct 21, 2009
Secretary of State

Current Principal Place of Business:

241 N. COUNTRY CLUB RD # 1009
LAKE MARY, FL 32746

New Principal Place of Business:

600 RINEHART RD
LAKE MARY, FL 32746

Current Mailing Address:

241 N. COUNTRY CLUB RD # 1009
LAKE MARY, FL 32746

New Mailing Address:

4044 W. LAKE MARY BLVD #104-301
LAKE MARY, FL 32746

FEI Number: 20-3756807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADILLA, MILTON
1004 GEMSTONE COVE
SANFORD, FL 32771 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: MILTON PADILLA

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: D () Delete
Name: PADILLA, MILTON
Address: 241 N. COUNTRY CLUB RD # 1009
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: PADILLA, ELIZABETH
Address: 241 N. COUNTRY CLUB RD # 1009
City-St-Zip: LAKE MARY, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PADILLA, MILTON
Address: 4044 W. LAKE MARY BLVD #104-301
City-St-Zip: LAKE MARY, FL 32746

Title: D (X) Change () Addition
Name: PADILLA, ELIZABETH
Address: 4044 W. LAKE MARY BLVD # 104-301
City-St-Zip: LAKE MARY, FL 32746

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

D

10/21/2009

Electronic Signature of Signing Officer or Director

Date