

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000152912

FILED
Nov 17, 2008
Secretary of State

Entity Name: AMERICA'S INSURANCE SERVICES, INC.

Current Principal Place of Business:

5257 OKEECHOBEE BOULEVARD
WEST PALM BEACH, FL 33417 US

New Principal Place of Business:

1959 S MILITARY TRAIL
WEST PALM BEACH, FL 33415 US

Current Mailing Address:

5257 OKEECHOBEE BOULEVARD
WEST PALM BEACH, FL 33417 US

New Mailing Address:

1959 S MILITARY TRAIL
WEST PALM BEACH, FL 33415 US

FEI Number: 20-3805805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VILLALTA, FLAVIO
5257 OKEECHOBEE BOULEVARD
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

VILLALTA, FLAVIO
1959 S MILITARY TRAIL
WEST PALM BEACH, FL 33415 US

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: FLAVIO VILLALTA

11/17/2008

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: VILLALTA, FLAVIO
Address: 961 SW 83 AVENUE
City-St-Zip: NORTH LAUDERDALE, US 33068 US

Title: PS () Delete
Name: VILLALTA, FLAVIO
Address: 961 SW 83 AVENUE
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: V () Delete
Name: VILLALTA, GIANCARLO
Address: 961 SW 83 AVENUE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: T () Delete
Name: VILLALTA, VIANCA
Address: 961 SW 83 AVENUE
City-St-Zip: NORTH LAUDDALE, FL 33068 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: FLAVIO VILLALTA

PS

11/17/2008

Electronic Signature of Signing Officer or Director

Date