

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000013751

FILED
Sep 20, 2007
Secretary of State

Entity Name: INSURANCE ASSOCIATES OF ALTAMONTE SPRING INC.

Current Principal Place of Business:

1152 W STATE RD 436
ALTAMONTE SPRING, FL 32714

New Principal Place of Business:

Current Mailing Address:

1152 W STATE RD 436
ALTAMONTE SPRING, FL 32714

New Mailing Address:

FEI Number: 20-4189194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAVARRO, CESAR
1152 W STATE RD 436
ALTAMONTE SPRING, FL 32714 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: CESAR NAVARRO

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NAVARRO, CESAR
Address: 1152 W STATE RD 436
City-St-Zip: ALTAMONTE SPRING, FL 32714

Title: TES () Delete
Name: NAVARRO, MARTHA
Address: 1152 W STATE RD 436
City-St-Zip: ALTAMONTE SPRING, FL 32714

Title: SEC () Delete
Name: NAVARRO, CARLOS
Address: 1152 W STATE RD 436
City-St-Zip: ALTAMONTE SPRING, FL 32714

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:

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: CESAR NAVARRO

P

09/20/2007

Electronic Signature of Signing Officer or Director

Date