2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# P06000026547

Entity Name: TERRA INSURANCE AND FINANCIAL SERVICES, INC

Current Principal Place of Business:

714 6TH STREET
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

9001 NW 21 MANOR
SUNRISE, FL 33322 US

Current Mailing Address:

714 6TH STREET
MIAMI BEACH, FL 33139 US

New Mailing Address:

9001 NW 21 MANOR
SUNRISE, FL 33322 US

FEI Number: 74-3170427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRESPO, CARMEN N
714 6TH STREET
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

CRESPO, CARMEN N
9001 NW 21 MANOR
SUNRISE, FL 33322 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: CARMEN N. CRESPO 02/06/2009
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: P ( ) Delete
Name: CRESPO, CARMEN N
Address: 714 6TH STREET
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: VP ( ) Delete
Name: ALARCON, ANTONIO J JR
Address: 714 6TH STREET
City-St-Zip: MIAMI BEACH, FL 33139

Title: SEC ( ) Delete
Name: CRESPO, CARMEN N
Address: 714 6TH STREET
City-St-Zip: MIAMI BEACH, FL 33139 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CRESPO, CARMEN N
Address: 9001 NW 21 MANOR
City-St-Zip: SUNRISE, FL 33322 US

Title: VP (X) Change ( ) Addition
Name: ALARCON, ANTONIO J JR
Address: 1900 NORTH BAYSHORE DRIVE APT #1417
City-St-Zip: MIAMI, FL 33132

Title: SEC (X) Change ( ) Addition
Name: CRESPO, CARMEN N
Address: 9001 NW 21 MANOR
City-St-Zip: MIAMI, FL 33322 US

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: CARMEN N. CRESPO P 02/06/2009
Electronic Signature of Signing Officer or Director Date