



2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000031636	
1. Entity Name MALOLLI INSURANCE GROUP, INC.	

Principal Place of Business 4760 TAMiami TR N #26 NAPLES, FL 34103	Mailing Address 4760 TAMiami TR N #26 NAPLES, FL 34103
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2. Principal Place of Business - No P.O. Box # 1855 Veterans Park Dr Suite, Apt. #, etc. Suite 301 City & State Naples, FL Zip 34109 Country USA	3. Mailing Address 1855 Veterans Park Dr Suite, Apt. #, etc. Suite 301 City & State Naples, FL Zip 34109 Country USA
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20011104143 SE
10/24/07-010521-014 34103, FLORIDA



REINSTATEMENT (1/07) 07

4. FEI Number
20-4504438

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MALOLLI, BELINDA A 5001 FAIRHAVEN LN NAPLES, FL 34109	7. Name and Address of New Registered Agent Name Belinda Malolli Street Address (P.O. Box Number is Not Acceptable) 3996 Stonesthrow Ct City Naples FL Zip Code 34109
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8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Belinda A. Malolli Belinda A. Malolli 10/22/07
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MALOLLI, BELINDA A 5001 FAIRHAVEN LN NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Belinda A. Malolli 3996 Stonesthrow Ct Naples, FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O MALOLLI, GEZIM 4760 TAMiami TR N #26 NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Gezim Malolli 3996 Stonesthrow Ct Naples, FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Belinda A. Malolli Belinda A. Malolli 10/22/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #