

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000045968

**FILED**  
**Apr 23, 2013**  
**Secretary of State**

**Entity Name:** ASSURANCE FINANCIAL SOLUTIONS OF FLORIDA INC

**Current Principal Place of Business:**

11026 LYNN LAKE CIRCLE  
TAMPA, FL 33625

**New Principal Place of Business:**

700 SOUTH HARBOUR ISLAND BLVD  
#605  
TAMPA, FL 33602

**Current Mailing Address:**

11026 LYNN LAKE CIRCLE  
TAMPA, FL 33625

**New Mailing Address:**

4100 WEST KENNEDY BLVD  
#304  
TAMPA, FL 33609

**FEI Number:** 20-4545829

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, KATHLEEN A  
11026 LYNN LAKE CIRCLE  
TAMPA, FL 33625 US

**Name and Address of New Registered Agent:**

JONES, KATHLEEN A  
700 SOUTH HARBOUR ISLAND BLVD  
#605  
TAMPA, FL 33602 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: KATHLEEN A JONES

04/23/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: JONES, KATHLEEN A  
Address: 700 SOUTH HARBOUR ISLAND BLVD #605  
City-St-Zip: TAMPA, FL 33602

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN A JONES

DIR

04/23/2013

Electronic Signature of Signing Officer or Director

Date