

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000081517

FILED  
Oct 24, 2009  
Secretary of State

**Entity Name:** ACCORD INSURANCE & FINANCIAL SERVICES GROUP, INC.

**Current Principal Place of Business:**

6534 CENTRAL AVE  
ST. PETERSBURG, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7902  
CLEARWATER, FL 33758

**New Mailing Address:**

**FEI Number:** 20-5036728

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INCORPORATE USA, INC.  
3150 SANDY RIDGE DR  
CLEARWATER, FL 33761 US

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

INCORPORATE USA, INC.  
6534 CENTRAL AVE  
ST PETERSBURG, FL 33707 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: JOHN F. MARTIN

10/24/2009

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: VPSD ( ) Delete  
Name: MARTIN, JOSEPH J  
Address: 8557 KING STREET NORTH  
City-St-Zip: SEMINOLE, FL 33772

Title: PTD ( ) Delete  
Name: MARTIN, JOHN F  
Address: P.O. BOX 7902  
City-St-Zip: CLEARWATER, FL 33758

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: JOHN F MARTIN

P

10/24/2009

Electronic Signature of Signing Officer or Director

Date