

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000088117

Entity Name: LA PERLE INSURANCE AGENCY, INC

FILED
Dec 16, 2009
Secretary of State

Current Principal Place of Business:

3740 W BROWARD BLVD
PLANTATION, FL 33312

New Principal Place of Business:

3740 W BROWARD BLVD
SUITE 3
PLANTATION, FL 33312

Current Mailing Address:

3740 W BROWARD BLVD
PLANTATION, FL 33312

New Mailing Address:

FEI Number: 20-5165885

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUPUY, YVON
424 NW 102 ST
MIAMI, FL 33150 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: YVON DUPUY

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: PSTD () Delete
Name: DUPUY, YVON
Address: 424 NW 102 ST
City-St-Zip: MIAMI, FL 33150

Title: S () Delete
Name: AYODEJI, MURIEL
Address: 3740 W BROWARD BLVD
City-St-Zip: PLANTATION, FL 33312

Title: S () Delete
Name: DUPUY, DESCARTES O
Address: 424 NW 102 ST
City-St-Zip: MIAMI, FL 33150

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: YVON DUPUY

Electronic Signature of Signing Officer or Director

PSTD

12/16/2009

Date