

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000093159

Entity Name: INSUREPRO, INC.

**FILED**  
**Dec 13, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

444 BRICKELL AVENUE, SUITE 418  
MIAMI, FL 33131

**New Principal Place of Business:**

7900 NW 27TH AVE  
SUITE 169  
MIAMI, FL 33147

**Current Mailing Address:**

444 BRICKELL AVENUE, SUITE 418  
MIAMI, FL 33131

**New Mailing Address:**

7900 NW 27TH AVE  
SUITE 169  
MIAMI, FL 33147

FEI Number: 20-5212780

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAMBRONNE, MYRIAM  
8306 MILLS DR. #587  
MIAMI, FL 33183 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: MYRIAM CAMBRONNE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CAMBRONNE, MYRIAM  
Address: 8306 MILLS DR., #587  
City-St-Zip: MIAMI, FL 33183

Title: S  
Name: CAMBRONNE, MYRIAM  
Address: 8306 MILLS DRIVE #587  
City-St-Zip: MIAMI, FL 33183

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: MYRIAM CAMBRONNE

S

12/13/2010

Electronic Signature of Signing Officer or Director

Date