2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000114533

Entity Name: INSURANCE ADVISORS OF FLORIDA, INC.

FILED Jan 22, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3781 CLUBSIDE POINTE DR. 820 W. LAKE MARY BLVD. ORLANDO, FL 32810

101

SANFORD, FL 32773

Current Mailing Address: New Mailing Address:

3781 CLUBSIDE POINTE DR. 820 W. LAKE MARY BLVD. ORLANDO, FL 32810

101

SANFORD, FL 32773 US

FEI Number: 51-0601437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GARRELL, CHAD B GARRELL, CHAD B 3781 CLUBSIDE POINTE DR. 409 SUMMIT RIDGE PL. ORLANDO, FL 32810 #213

LONGWOOD, FL 32779 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: CHAD B GARRELL 01/22/2010

> 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:

GARRELL, CHAD B Name:

409 SUMMIT RIDGE PL. #213 Address: City-St-Zip: LONGWOOD, FL 32779 US

Title: VΡ

Name: KUGA, TINA L

Address: 420 SUMMIT RIDGE PL. #206 LONGWOOD, FL 32779 US City-St-Zip:

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.

Ρ SIGNATURE: CHAD B GARRELL 01/22/2010