## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000114593

City-St-Zip:

Entity Name: BMT INSURANCE & OTHER SERVICES INC.

FILED Nov 05, 2009 Secretary of State

Littly Nai	ile. Divit iiv	SURANCE & OTI	ILK SLKVICES	, INC.				
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
	HALLANDAL RK, FL 3302	E BEACH BLVD. 3 US						
Current Mailing Address:				New Maili	New Mailing Address:			
20430 NW MIAMI GAF	9TH CT RDENS, FL	33023						
FEI Number:	20-5497743	FEI Number Ap	plied For()	FEI Number Not Appl	cable ( )	Certificate of Status Desired	( )	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
The above	9TH CT RDENS, FL named entit		ement for the pu	rpose of changing it	s registere	d office or registered agent, c	or both,	
	of Florida.							
SIGNATUR	RE: TRAVIS							
	Electr	onic Signature of	Registered Agen	t		Date		
		193(2)(b), F.S., the c ing Trust Fund Cont		receive the prior notic	э.			
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	HENRY, TRA 20430 NW 9			Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:		( ) Delete		Title: Name: Address: City-St-Zip:	D BEADLE, SA 20430 NW 9 MIAMI GARI			

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: TRAVIS HENRY Ο 11/05/2009