

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000005849

FILED  
Nov 06, 2008  
Secretary of State

Entity Name: COMMERCIAL INSURANCE OF FLORIDA, INC.

## Current Principal Place of Business:

6291 BAHIA DEL MAR CIRCLE  
SUITE 209  
ST. PETERSBURG, FL 33715

## New Principal Place of Business:

## New Mailing Address:

8170 LARK BROWN ROAD  
SUITE 102  
ELKRIDGE, MD 21075

## Current Mailing Address:

6291 BAHIA DEL MAR CIRCLE  
SUITE 209  
ST. PETERSBURG, FL 33715

FEI Number: 20-8374931

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MUMPOWER, GORDON M JR.  
6291 BAHIA DEL MAR CIRCLE  
SUITE 209  
ST. PETERSBURG, FL 33715 US

## Name and Address of New Registered Agent:

MUMPOWER, GORDON M JR.  
12214 SLEEPY HORSE LANE  
COLUMBIA, FL 21044 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: GORDON M MUMPOWER JR

11/06/2008

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: PST ( ) Delete  
Name: MUMPOWER, GORDON M JR.  
Address: 6291 BAHIA DEL MAR CIRCLE #209  
City-St-Zip: ST. PETERSBURG, FL 33715

Title: D ( ) Delete  
Name: MUMPOWER, GORDON M JR.  
Address: 6291 BAHIA DEL MAR CIRCLE #209  
City-St-Zip: ST. PETERSBURG, FL 33715

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: MUMPOWER, GORDON M JR.  
Address: 12214 SLEEPY HORSE LANE  
City-St-Zip: COLUMBIA, MD 21044

Title: D (X) Change ( ) Addition  
Name: MUMPOWER, GORDON M JR.  
Address: 12214 SLEEPY HORSE LANE  
City-St-Zip: COLUMBIA, MD 21075

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: GORDON M MUMPOWER JR

PRES

11/06/2008

Electronic Signature of Signing Officer or Director

Date