

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000036238

**FILED**  
**Jun 07, 2012**  
**Secretary of State**

**Entity Name:** ACCRETIVE INSURANCE AGENCY INC

**Current Principal Place of Business:**

C/O 6508 E FOWLER AVE  
TAMPA, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

311 SOUTH WACKER DRIVE  
SUITE 2370  
CHICAGO, IL 60606

**New Mailing Address:**

1525 INTERNATIONAL DRIVE  
SUITE 2021  
LAKE MARY, FL 32746

**FEI Number:** 20-8693747

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LEMAR, DAVID A JR  
6508 E FOWLER AVE  
TAMPA, FL 33617 US

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

BRODERICK, BALDWIN  
1525 INTERNATIONAL PARKWAY  
LAKE MARY, FL 32746 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: BRODERICK BALDWIN

06/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CALDWELL, K SHANE  
Address: 276 LAKE BRITTANY COURT  
City-St-Zip: LAKE MARY, FL 32746

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: K SHANE CALDWELL

CEO

06/07/2012

Electronic Signature of Signing Officer or Director

Date