

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000060089

Entity Name: ARB INSURANCE AGENCY INC

FILED  
Oct 14, 2009  
Secretary of State

## Current Principal Place of Business:

310 BLOUNT STREET  
SUITE 121  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 20195  
WEST PALM BEACH, FL 33416

## New Mailing Address:

310 BLOUNT STREET  
SUITE 121  
TALLAHASSEE, FL 32301

FEI Number: 74-3214848

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWN, ALAN R  
4273 RIDGE HAVEN RD  
TALLAHASSEE, FL 32305 US

## Name and Address of New Registered Agent:

BROWN, ALAN R  
1303 OCALA RD  
107  
TALLAHASSEE, FL 32305 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: ALAN BROWN

10/14/2009

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: V ( ) Delete  
Name: BROWN, ALAN ROY D  
Address: 4273 RIDGE HAVEN RD  
City-St-Zip: TALLAHASSEE, FL 32305

Title: P ( ) Delete  
Name: MITCHUM, JEANETTE M  
Address: 310 BLOUNT STREET  
City-St-Zip: TALLAHASSEE, FL 32301

Title: T ( ) Delete  
Name: BROWN, DONOVAN  
Address: 310 BLOUNT ST  
City-St-Zip: TALLAHASSEE, FL 32301

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition  
Name: BROWN, ALAN R  
Address: 1303 OCALA RD #107  
City-St-Zip: TALLAHASSEE, FL 32305

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALAN BROWN

V

10/14/2009

Electronic Signature of Signing Officer or Director

Date