

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000066739

**FILED**  
**Nov 04, 2010**  
**Secretary of State**

**Entity Name:** MARIA OSSI INSURANCE, INC.

**Current Principal Place of Business:**

4707 GANDY BLVD UNIT 5  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

4707 GANDY BLVD UNIT 5  
TAMPA, FL 33611

**New Mailing Address:**

FEI Number: 26-0313901

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PASQUIER, GERARDO  
4707 GANDY BLVD UNIT 5  
TAMPA, FL 33611 US

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

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: GERARDO PASQUIER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PVP  
Name: PASQUIER, GERARDO  
Address: 365 BELLEAIR DRIVE NE  
City-St-Zip: ST PETERSBURG, FL 33704

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: GERARDO PASQUIER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

11/04/2010

\_\_\_\_\_  
Date