

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000068152

FILED
Feb 27, 2009
Secretary of State

Entity Name: WEST COAST INSURANCE GROUP, INC.

Current Principal Place of Business:

4711 GANDY BLVD.
TAMPA, FL 33611 US

New Principal Place of Business:

4707 GANDY BLVD
TAMPA, FL 33611 US

Current Mailing Address:

PO BOX 86361
SAINT PETERSBURG, FL 33738 US

New Mailing Address:

6122 PASADENA POINT BLVD. S.
GULFPORT, FL 33707 US

FEI Number: 26-0333496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEIL S. SCHECHT, P.A.
3630 W. KENNEDY BLVD.
TAMPA, FL 33609 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: JASON MILLER

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: P () Delete
Name: MILLER, JASON L
Address: PO BOX 86361
City-St-Zip: SAINT PETERSBURG, FL 33738 US

Title: VP () Delete
Name: MILLER, BRIGHID M
Address: PO BOX 86361
City-St-Zip: SAINT PETERSBURG, FL 33738 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MILLER, JASON L
Address: 6122 PASADENA POINT BLVD. S.
City-St-Zip: GULFPORT, FL 33707 US

Title: VP (X) Change () Addition
Name: MILLER, BRIGHID M
Address: 6122 PASADENA POINT BLVD. S.
City-St-Zip: GULFPORT, FL 33707 US

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: JASON MILLER

Electronic Signature of Signing Officer or Director

PRES

02/27/2009

Date