

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000071853

1. Entity Name
FLOOD INSURANCE CONSULTANTS INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 31 PM 2:49

Principal Place of Business
**1791 NW 127TH WAY
CORAL SPRINGS, FL 33071**

Mailing Address
**1791 NW 127TH WAY
CORAL SPRINGS, FL 33071**

2. Principal Place of Business - No P.O. Box #
3. Mailing Address



Suite, Apt. #, etc.

12302008 REIN-P CR2E098 (1/07)

City & State

4. FEI Number ☒ Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HEKAROS, SANDRA
1791 NW 127TH WAY
CORAL SPRINGS, FL 33071**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sandra Hekaros*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/31/08
DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HEKAROS, SANDRA**
STREET ADDRESS **1791 NW 127TH WAY**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **200139487892
01/05/09--01064--004 **150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sandra Hekaros* **SANDRA HEKAROS, PRESIDENT** *12/31/08* **954-254-6555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #