2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
08 DEC 15 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08
11032008 REIN-P CR2E098 (1/07)

DOCUMENT # P07000092270

1. Entity Name
TINA DE LA ROSA INSURANCE, INC.

Principal Place of Business	Mailing Address
550 WEST HICKPOCHEE AVENUE SUITE # 3 LA BELLE, FL 33935 US	550 WEST HICKPOCHEE AVENUE SUITE # 3 LA BELLE, FL 33935 US

2. Principal Place of Business - No P.O. Box #: 870 W Hickpochee Ave
Suite, Apt. #, etc: #600
City & State: LaBelle, FL
Zip: 33935 Country: Hendry

3. Mailing Address: 870 W Hickpochee Ave #600
Suite, Apt. #, etc.
City & State: LaBelle
Zip: 33935 Country: Hendry

4. FEI Number: 26-0724506 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DE LA ROSA, MARIA C
520 DENBIGHSHIRE STREET
LEHIGH ACRES, FL 33936

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: ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE LA ROSA, MARIA C 520 DENBIGHSHIRE STREET LEHIGH ACRES, FL 33936	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700139019087 12/15/08--01047--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12/15	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ______________________ 12-8-08 (863) 675-2350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #