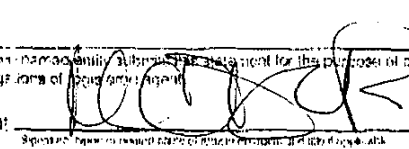
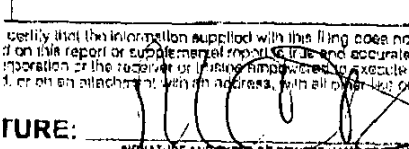


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000092270																											
1. Entity Name TINA DE LA ROSA INSURANCE, INC.																											
Principal Place of Business 550 WEST HICKPOCHEE AVENUE SUITE # 3 LA BELLE, FL 33935 US		Mailing Address 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. #1000		3. Mailing Address 870 W Hickpochee Ave #1000 Suite, Apt. #, etc.																									
City/State LaBelle, FL		City/State LaBelle																									
Zip Code 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 DENIGHSHIRE 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, the registered agent.																											
SIGNATURE: 		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., this corporation did not receive the prior notice.																									
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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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 reflected 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 proper and empowered.																											
SIGNATURE: 		12.8.08 (863) 675-2350																									
SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date																									

FILED

08 DEC 15 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08

11C32008 REINSTATEMENT CR2E098 (1/07)