

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000093596

FILED
Oct 15, 2009
Secretary of State

Entity Name: WOODRUFF/COLLINS INSURANCE INC.

Current Principal Place of Business:

6300 N WICKHAM RD, SUITE 136
VIERA, FL 32940

New Principal Place of Business:

Current Mailing Address:

6300 N WICKHAM RD, SUITE 136
VIERA, FL 32940

New Mailing Address:

FEI Number: 26-0972297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODRUFF, SCOTT
6300 N WICKHAM RD, SUITE 136
VIERA, FL 32940 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: SCOTT WOODRUFF

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WOODRUFF, SCOTT
Address: 2490 KINGSMILL AVE
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: WOODRUFF, GAYLYN
Address: 2490 KINGSMILL AVE.
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SCOTT WOODRUFF

D

10/15/2009

Electronic Signature of Signing Officer or Director

Date