

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000106169

FILED
Jun 11, 2010
Secretary of State

Entity Name: LOWEST PRICE INSURANCE, INC.

Current Principal Place of Business:

50 KINDRED STREET, STE 303
STUART, FL 34994

New Principal Place of Business:

1680 SW BAYSHORE BLVD
102
PORT ST LUCIE, FL 34984

Current Mailing Address:

50 KINDRED STREET, STE 303
STUART, FL 34994

New Mailing Address:

1680 SW BAYSHORE BLVD
102
PORT ST LUCIE, FL 34984

FEI Number: 26-1155130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUEST, JAMES M
50 KINDRED STREET
SUITE 303
STUART, FL 34994 US

Name and Address of New Registered Agent:

ERAZO, ERAZO A
1680 SW BAYSHORE BLVD
SUITE 102
PORT ST LUCIE, FL 34984 US

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: HUGO ERAZO

06/11/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPVP
Name: ERAZO, HUGO
Address: 1680 SW BAYSHORE BLVD., SUITE 102
City-St-Zip: PORT ST LUCIE, FL 34984

Title: ST
Name: ERAZO, HUGO
Address: 1680 SW BAYSHORE BLVD.
City-St-Zip: PORT ST LUCIE, FL 34984

I hereby 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 all other like empowered.

SIGNATURE: ERAZO HUGO

DPVP

06/11/2010

Electronic Signature of Signing Officer or Director

Date