

2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Dec 14, 2009
Secretary of State**

DOCUMENT# P07000118889

Entity Name: CARI FALLEN INSURANCE AGENCY, INC.

Current Principal Place of Business:

8211 TOURIST CENTER DRIVE
UNIVERSITY PARK, FL 34201 US

New Principal Place of Business:

Current Mailing Address:

8211 TOURIST CENTER DRIVE
UNIVERSITY PARK, FL 34201 US

New Mailing Address:

FEI Number: 26-1334085 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FALLEN, CARI
8211 TOURIST CENTER DRIVE
UNIVERSITY PARK, FL 34201 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: CARI FALLEN

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: FALLEN, CARI
Address: 8211 TOURIST CENTER DRIVE
City-St-Zip: UNIVERSITY PARK, FL 34201 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CARI FALLEN

Electronic Signature of Signing Officer or Director

PRES

12/14/2009

Date