

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000129576

FILED  
Dec 01, 2010  
Secretary of State

**Entity Name:** GULF BREEZE INSURANCE AGENCY INC.

**Current Principal Place of Business:**

2501 BRISTOL DRIVE  
B-4  
WEST PALM BEACH, FL 33409 US

**New Principal Place of Business:**

710 BELVEDERE RD.  
WEST PALM BEACH, FL 33405 US

**Current Mailing Address:**

2501 BRISTOL DRIVE  
B-4  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

710 BELVEDERE RD.  
WEST PALM BEACH, FL 33405 US

**FEI Number:** 26-0845468

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLAIRVOYANT, LUVIA  
2016 LITTLE TORCH STREET  
WEST PALM BEACH, FL 33407 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: LUVIA CLAIRVOYANT

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CLAIRVOYANT, LUVIA  
Address: 2016 LITTLE TORCH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: VP  
Name: CLAIRVOYANT, LUXENE  
Address: 2016 LITTLE TORCH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: DIRE  
Name: CLAIRVOYANT, EVELYNE  
Address: 2016 LITTLE TORCH ST  
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: TREA  
Name: CLAIRVOYANT, LUVIA  
Address: 2016 LITTLE TORCH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407 US

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: LUVIA CLAIRVOYANT

P

12/01/2010

Electronic Signature of Signing Officer or Director

Date