2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 22, 2011
Secretary of State

DOCUMENT# P08000015298

Entity Name: COMPLETE INSURANCE ADVISORS, INC.

Current Principal Place of Business:

550 N REO ST STE 300
TAMPA, FL 33609

New Principal Place of Business:

505 E JACKSON ST
STE 300
TAMPA, FL 33602

Current Mailing Address:

550 N REO ST STE 300
TAMPA, FL 33609

New Mailing Address:

505 E JACKSON ST
STE 300
TAMPA, FL 33602

FEI Number: 74-3248487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARSEN, WITHERSON
550 N REO ST STE 300
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

LARSEN, WITHERSON
505 E JACKSON ST
STE 300
TAMPA, FL 33602 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: WITHERSON LARSEN 03/22/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP
Name: SCHULTES, MARK S
Address: 7816 RIVERWOOD OAKS DR.
City-St-Zip: RIVERVIEW, FL 33578

Title: VP
Name: LARSEN, WITHERSON
Address: 17528 QUEENSLAND STREET
City-St-Zip: LAND O LAKES, FL 34638

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: WITHERSON LARSEN VP 03/22/2011
Electronic Signature of Signing Officer or Director Date