

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000015298

**FILED**  
**Nov 05, 2013**  
**Secretary of State**

**Entity Name:** COMPLETE INSURANCE ADVISORS, INC.

**Current Principal Place of Business:**

505 E JACKSON ST  
STE 300  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

505 E JACKSON ST  
STE 300  
TAMPA, FL 33602

**New Mailing Address:**

**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  
505 E JACKSON ST  
STE 300  
TAMPA, FL 33602 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:** WITHERSON LARSEN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** SCHULTES, MARK S  
**Address:** 3239 RAMBO LANE  
**City-St-Zip:** WIMAUMA, FL 33598

**Title:** VP  
**Name:** LARSEN, WITHERSON  
**Address:** 4724 WOODMERE ROAD  
**City-St-Zip:** LAND O LAKES, FL 34639

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

11/05/2013

Electronic Signature of Signing Officer or Director

Date