2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 21, 2009
Secretary of State

DOCUMENT# P08000032454

Entity Name: RYAN AND COMPANY INSURANCE INC.

Current Principal Place of Business:

316 HIGH TIDE DR.
#201
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

2200 N. PONCE DE LEON BLVD
SUITE 10
SAINT AUGUSTINE, FL 32084

Current Mailing Address:

316 HIGH TIDE DR.
#201
SAINT AUGUSTINE, FL 32080

New Mailing Address:

2200 N. PONCE DE LEON BLVD
SUITE 10
SAINT AUGUSTINE, FL 32084

FEI Number: 26-2279640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RYAN, MICHAEL J
316 HIGH TIDE DR. #201
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

RYAN, MICHAEL J
2200 N. PONCE DE LEON BLVD
SUITE 10
SAINT AUGUSTINE, FL 32084 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: MICHAEL J. RYAN 12/21/2009
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: P ( ) Delete
Name: RYAN, MICHAEL J
Address: 316 HIGH TIDE DR. #201
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP ( ) Delete
Name: RYAN, CALLIE W
Address: 107 FERDINAND AVE
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RYAN, MICHAEL J
Address: 2200 N. PONCE DE LEON BLVD SUITE 10
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: MICHAEL J. RYAN PRES 12/21/2009
Electronic Signature of Signing Officer or Director Date