

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000041928

**FILED**  
**Oct 03, 2014**  
**Secretary of State**

**Entity Name:** ZIEGENHIRT GROUP INSURANCE CONSULTANTS, INC.

**Current Principal Place of Business:**

175 S.E. 25TH ROAD  
SUITE 10F  
MIAMI, FL 33129

**New Principal Place of Business:**

**Current Mailing Address:**

175 S.E. 25TH ROAD  
SUITE 10F  
MIAMI, FL 33129

**New Mailing Address:**

**FEI Number:** 74-3259269

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ABRAMS, DAVID S ESQ.  
9300 SW 87TH AVENUE  
SUITE 5  
MIAMI, FL 33176 US

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

ABRAMS, DAVID S ESQ.  
9300 SW 87TH AVENUE  
SUITE 5  
MIAMI, FL 33176 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: DAVID S. ABRAMS

10/03/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: ZIEGENHIRT, SALVADOR  
Address: 175 S.E. 25TH ROAD SUITE 10F  
City-St-Zip: MIAMI, FL 33129

Title: SVD  
Name: ZIEGENHIRT, LINA  
Address: 175 S.E. 25TH ROAD SUITE 10F  
City-St-Zip: MIAMI, FL 33129

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: SALVADOR ZIEGENHIRT

PTD

10/03/2014

Electronic Signature of Signing Officer or Director

Date