

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000062480

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Entity Name:** THE INSURANCE SHOPPE, INC.

**Current Principal Place of Business:**

8530 LOS ROBLES DR.  
GROVELAND, FL 34736 US

**New Principal Place of Business:**

**Current Mailing Address:**

8530 LOS ROBLES DR.  
GROVELAND, FL 34736 US

**New Mailing Address:**

**FEI Number:** 26-2910464

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MATOS, DEBORAH  
5255 STARLINE DRIVE  
ST. CLOUD, FL 34771 US

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

MATOS, DEBORAH  
8530 LOS ROBLES DRIVE  
GROVELAND, FL 34736 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: DEBORAH MATOS

04/07/2010

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  
Name: MATOS, DEBORAH  
Address: 8530 LOS ROBLES DRIVE  
City-St-Zip: GROVELAND, FL 34736 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: DEBORAH MATOS

P

04/07/2010

Electronic Signature of Signing Officer or Director

Date