2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Aug 12, 2011
Secretary of State

DOCUMENT# P09000000382

Entity Name: EDUCATORS INSURANCE SOLUTIONS, INC.

Current Principal Place of Business:

365 CITRUS TOWER BLVD., STE 104
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

365 CITRUS TOWER BLVD., STE 104
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 26-3956803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JORDAN, EDWARD P II
604 NORTH HIGHWAY 27
MINNEOLA, FL 34715 US

Name and Address of New Registered Agent:

WILKINS, NANCY A
365 CITRUS TOWER BLVD
104
CLERMONT, FL 34711 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: NANCY A WILKINS 08/12/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P,T,
Name: WILKINS, NANCY
Address: 365 CITRUS TOWER BLVD., STE 104
City-St-Zip: CLERMONT, FL 34711

Title: VP,S
Name: WILKINS, THOMAS
Address: 365 CITRUS TOWER BLVD., STE 104
City-St-Zip: CLERMONT, FL 34711

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: NANCY A WILKINS P 08/12/2011
Electronic Signature of Signing Officer or Director Date