

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000062440

**FILED**  
**Nov 12, 2010**  
**Secretary of State**

**Entity Name:** TRISTATE INSURANCE GROUP, INC.

**Current Principal Place of Business:**

143 WEST STREET, UNIT U  
NEW MILFORD, CT 06776

**New Principal Place of Business:**

**Current Mailing Address:**

143 WEST STREET, UNIT U  
NEW MILFORD, CT 06776

**New Mailing Address:**

**FEI Number:** 27-0406074

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HENNESSEY, JAMES J  
31087 US HWY 19 NORTH  
PALM HARBOR, FL 34684 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:** JAMES HENNESSEY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** HENNESSEY, JAMES J  
**Address:** 143 WEST STREET, UNIT U  
**City-St-Zip:** NEW MILFORD, CT 06776

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:** JAMES HENNESSEY

MR

11/12/2010

Electronic Signature of Signing Officer or Director

Date