

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000064946

**Entity Name:** R P INSURANCE AGENCIES INC

**FILED**  
**Oct 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5455 SW 8TH ST.  
STE 200  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

5455 SW 8TH ST.  
STE 200  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 27-0663522      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PEREZ, RAFAEL  
5455 SW 8TH ST  
#200  
CORAL GABLES, FL 33134 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: RAFAEL PEREZ

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PEREZ, RAFAEL  
Address: 5455 SW 8TH ST STE: 200  
City-St-Zip: CORAL GABLES, FL 33134

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: RAFAEL PEREZ

Electronic Signature of Signing Officer or Director

P

10/18/2011

Date