2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000072019

Entity Name: ACCURATE INSURANCE SERVICES, INC.

FILED Apr 29, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

213 SW PARK STREET OKEECHOBEE, FL 34972

Current Mailing Address: New Mailing Address:

213 SW PARK STREET OKEECHOBEE, FL 34972

FEI Number: 37-1588034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

LAW OFFICES OF DARRIN T MISH, P.A. 100 S EDISON AVENUE SUITE A TAMPA, FL 33606 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: DARRIN T MISH

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

Name: HANIMAN, MARCUS A
Address: 213 SW PARK STREET
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: VP

Name: HANIMAN, MARCUS A
Address: 213 SW PARK STREET
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: S

 Name:
 HANIMAN, MARCUS A

 Address:
 213 SW PARK STREET

 City-St-Zip:
 OKEECHOBEE, FL 34972 US

Title:

 Name:
 HANIMAN, MARCUS A

 Address:
 213 SW PARK STREET

 City-St-Zip:
 OKEECHOBEE, FL 34972 US

Title:

 Name:
 HANIMAN, MARCUS A

 Address:
 213 SW PARK STREET

 City-St-Zip:
 OKEECHOBEE, FL 34972 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: MARCUS A HANIMAN PRES 04/29/2011