

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000005898

**FILED**  
**Nov 04, 2012**  
**Secretary of State**

**Entity Name:** SINGLE INTEREST INSURANCE INC.

**Current Principal Place of Business:**

2317 BABBITT AVE  
ORLANDO, FL 32833

**New Principal Place of Business:**

3912 W. EUCLID AVENUE  
TAMPA, FL 33629

**Current Mailing Address:**

PO BOX 35217  
ST PETERSBURG, FL 33705

**New Mailing Address:**

PO BOX 267  
LUTZ, FL 33548

**FEI Number:** 27-1764612

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRAVERS, ELIZABETH  
2317 BABBITT AVE  
ORLANDO, FL 32833 US

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

TRAVERS, CATHERINE  
3912 W. EUCLID AVENUE  
TAMPA, FL 33629 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: CATHERINE TRAVERS

11/04/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TRAVERS, STEPHEN  
Address: PO BOX 267  
City-St-Zip: LUTZ, FL 33548

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: STEPHEN TRAVERS

P

11/04/2012

Electronic Signature of Signing Officer or Director

Date