

2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P10000008919

FILED
Sep 16, 2014
Secretary of State

Entity Name: JAW INSURANCE & RISK MANAGEMENT INC.

Current Principal Place of Business:

18090 OLGA DR
ALVA, FL 33920

New Principal Place of Business:

1702 SE 40TH ST
CAPE CORAL, FL 33904

Current Mailing Address:

18090 OLGA DR
ALVA, FL 33920

New Mailing Address:

1702 SE 40TH ST
CAPE CORAL, FL 33904

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERITAGE TAX & CONSULTING SERVICES INC
13720 SIX MILE CYPRESS
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

WILLIAMS, JEFFREY A
1702 SE 40TH ST
CAPE CORAL, FL 33904 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: JEFFREY A WILLIAMS

09/16/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P,D
Name: WILLIAMS, JEFFREY A
Address: 1702 SE 40TH ST
City-St-Zip: CAPE CORAL, FL 33904

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: JEFFREY A WILLIAMS

PRES

09/16/2014

Electronic Signature of Signing Officer or Director

Date