

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000040808

**FILED**  
**Feb 14, 2013**  
**Secretary of State**

**Entity Name:** CARASTRO INSURANCE CONSULTANTS, INC.

**Current Principal Place of Business:**

4814 WEST BAY COURT AVENUE  
TAMPA, FL 33611

**New Principal Place of Business:**

3644 S WESTSHORE BLVD  
TAMPA, FL 33629

**Current Mailing Address:**

4814 WEST BAY COURT AVENUE  
TAMPA, FL 33611

**New Mailing Address:**

3644 S WESTSHORE BLVD  
TAMPA, FL 33629

**FEI Number:** 27-2546372

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARASTRO, DOUGLAS A  
4814 WEST BAY COURT AVENUE  
TAMPA, FL 33611 US

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

CARASTRO, DOUGLAS F  
3644 S WESTSHORE BLVD  
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: DOUGLAS F CARASTRO

02/14/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CARASTRO, DOUGLAS A  
Address: 3644 S WESTSHORE BLVD  
City-St-Zip: TAMPA, FL 33629 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: DOUGLAS A CARASTRO

P

02/14/2013

Electronic Signature of Signing Officer or Director

Date