2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 28, 2011
Secretary of State

DOCUMENT# P10000083349

Entity Name: BILINGUAL INSURANCE GROUP INC.

Current Principal Place of Business:

2558 US HWY 17-92 N
SUITE K
HAINES CITY, FL 33844 US

New Principal Place of Business:

Current Mailing Address:

2558 US HWY 17-92 N
SUITE K
HAINES CITY, FL 33844 US

New Mailing Address:

PO BOX 420807
KISSIMMEE, FL 34742 US

FEI Number: 27-3679549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VALENTIN, ROSAANA
9500 SATELLITE BLVD
SUITE 170
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

VALENTIN, ROSAANA
2558 US HWY 17-92 N
SUITE K
HAINES CITY, FL 33844 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: ROSAANA VALENTIN 09/28/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: VALENTIN, ROSAANA
Address: PO BOX 420807
City-St-Zip: KISSIMMEE, FL 34742

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: ROSAANA VALENTIN PRES 09/28/2011
Electronic Signature of Signing Officer or Director Date