

2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P10000083349

FILED
Jun 26, 2014
Secretary of State

Entity Name: BILINGUAL INSURANCE GROUP INC.

Current Principal Place of Business:

260 ROSE PETAL PL
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

8421 S ORANGE BLOSSOM TR
STE 134
ORLANDO, FL 32809 US

Current Mailing Address:

PO BOX 420807
KISSIMMEE, FL 34742 US

New Mailing Address:

8421 S ORANGE BLOSSOM TR
STE 134
ORLANDO, FL 32809 US

FEI Number: 27-3679549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALENTIN, ROSAANA
260 ROSE PETAL PL
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

MAGALY'S MULTI-SERVICES LLC
8421 S ORANGE BLOSSOM TR
134
ORLANDO, FL 32809 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: MAGALY NAVARRO

06/26/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: ALL INSURANCE AGENCY OF FLORIDA LLC
Address: 8421 S ORANGE BLOSSOM TR STE 134
City-St-Zip: ORLANDO, FL 32809 US

Title: VP
Name: NAVARRO, MAGALY
Address: 8421 S ORANGE BLOSSOM TR STE 134
City-St-Zip: ORLANDO, FL 32809 US

Title: VP
Name: VIDAL, GLORIA
Address: 8421 S ORANGE BLOSSOM TR STE 134
City-St-Zip: ORLANDO, FL 32809 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: MAGALY NAVARRO

VP

06/26/2014

Electronic Signature of Signing Officer or Director

Date