

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000062229

**FILED**  
**May 31, 2013**  
**Secretary of State**

**Entity Name:** INSURE YOUR INCOME, INC.

**Current Principal Place of Business:**

17115 AVENUE LE RIVAGE  
BOCA RATON, FL 33496 US

**New Principal Place of Business:**

**Current Mailing Address:**

17115 AVENUE LE RIVAGE  
BOCA RATON, FL 33496 US

**New Mailing Address:**

950 PENINSULA CORPORATE CIRCLE SUITE 3017  
3017  
BOCA RATON, FL 33487 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
A  
TAMPA, FL 33612 US

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

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: DARREN ROBERTS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P, D  
Name: ROBERTS, DARREN  
Address: 17115 AVENUE LE RIVAGE  
City-St-Zip: BOCA RATON, FL 33496 US

Title: S, T  
Name: ROBERTS, DARREN  
Address: 17115 AVENUE LE RIVAGE  
City-St-Zip: BOCA RATON, FL 33496 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: DARREN ROBERTS

MR.

05/31/2013

Electronic Signature of Signing Officer or Director

Date