

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000105480

**Entity Name:** LIG INSURANCE GROUP CORP

**FILED**  
**Oct 02, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

7777 GLADES ROAD  
SUITE 100  
BOCA RATON, FL 33434 US

**New Principal Place of Business:**

**Current Mailing Address:**

7777 GLADES ROAD  
SUITE 100  
BOCA RATON, FL 33434 US

**New Mailing Address:**

**FEI Number:** 45-4027099

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORAES, LARSON  
4025 W MCNAB ROAD  
E305  
POMPANO BEACH, FL 33069 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:** LARSON MORAES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MORAES, LARSON  
**Address:** 4025 W MCNAB ROAD - E305  
**City-St-Zip:** POMPANO BEACH, FL 33069

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:** LARSON MORAES

PRES

10/02/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date