## 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P12000018971

Entity Name: ACP INSURANCE, INC

FILED May 01, 2014 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5413 CONWAY POINTE CT 6592 SOUTH GOLDENROD ROAD #C ORLANDO, FL 32812

ORLANDO, FL 32822

**Current Mailing Address: New Mailing Address:** 

5413 CONWAY POINTE CT 6592 SOUTH GOLDENROD ROAD #C

ORLANDO, FL 32812 ORLANDO, FL 32822

FEI Number: 45-4634110 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ESTEVEZ, KAREN M ESTEVEZ, KAREN M 5413 CONWAY POINTE CT 6592 SOUTH GOLDENROD ROAD #C ORLANDO, FL 32812 ORLANDO, FL 32822 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: KAREN ESTEVEZ 05/01/2014

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

ESTEVEZ, KAREN M Name:

in the State of Florida.

6592 SOUTH GOLDENROD ROAD #C Address:

City-St-Zip: ORLANDO, FL 32822

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: KAREN ESTEVEZ Ρ 05/01/2014