

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000052255

Entity Name: FOUNDERS INSURANCE, INC.

FILED
Oct 24, 2005
Secretary of State

Current Principal Place of Business:

1990 NE 163 STREET
103
MIAMI, FL 33162 US

New Principal Place of Business:

855 LAGUNA DRIVE
FERNANDINA BEACH, FL 32034 US

Current Mailing Address:

1990 NE 163 STREET
103
MIAMI, FL 33162 US

New Mailing Address:

855 LAGUNA DRIVE
FERNANDINA BEACH, FL 32034 US

FEI Number: 65-0450671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, MARILYN
1990 NE 163 STREET
MIAMI, FL 33162 US

Name and Address of New Registered Agent:

BENNETT, MARILYN C DIR
855 LAGUNA DRIVE
FERNANDINA BEACH, FL 32034 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: MARILYN C. BENNETT

10/24/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BENNETT, MARILYN C.
Address: 240 POINCIANA ISLE DR
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: P () Delete
Name: BENNETT, DEREK J
Address: 240 POINCIANA ISLE DR
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BENNETT, MARILYN C DIR
Address: 855 LAGUNA DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: P (X) Change () Addition
Name: BENNETT, DEREK J PRES
Address: 855 LAGUNA DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEREK J. BENNETT

PRES

10/24/2005

Electronic Signature of Signing Officer or Director

Date