

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P93000056414

**FILED**  
**Oct 10, 2013**  
**Secretary of State**

**Entity Name:** RON MASON INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

10787 PARK BLVD  
SEMINOLE, FL 33772

**New Principal Place of Business:**

10787 PARK BLVD  
SEMINOLE, FL 33775

**Current Mailing Address:**

10787 PARK BLVD  
SEMINOLE, FL 33772

**New Mailing Address:**

10787 PARK BLVD  
SEMINOLE, FL 33775

**FEI Number:** 59-3202386

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MASON, RON  
10787 PARK BLVD  
SEMINOLE, FL 33772 US

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

MASON, RON  
10787 PARK BLVD  
SEMINOLE, FL 33775 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: RON MASON

Electronic Signature of Registered Agent

10/10/2013

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MASON, RON  
Address: 10787 PARK BLVD.  
City-St-Zip: SEMINOLE, FL 33775

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: RON MASON

Electronic Signature of Signing Officer or Director

P

10/10/2013

Date