


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC -1 AM 9:20

CLERK OF STATE
TALLAHASSEE, FLORIDA

| | | |
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| DOCUMENT # P94000027035 | |  |
| 1. Entity Name SIMPLIFIED MORTGAGES AND INSURANCE AGENCY, INC. | | |

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|---|---|
| Principal Place of Business 2711 W SUNRISE BLVD SUITE 4 FT LAUDERDALE, FL 33311 | Mailing Address 2711 W SUNRISE BLVD SUITE 4 FT LAUDERDALE, FL 33311 |
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|---|--|
| 2. Principal Place of Business - No P.O. Box # 2711 W. SUNRISE BLVD Suite, Apt. #, etc. #4 | 3. Mailing Address 2711 W. SUNRISE BLVD Suite, Apt. #, etc. 4 |
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|--|--------------------|--|--------------------|
| City & State FT. LAUDERDALE Zip 33311 | Country BROWARD | City & State FT. LAUDERDALE Zip 33311 | Country BROWARD |
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|---|--|--|--|
| 6. Name and Address of Current Registered Agent ROBINSON, DANIEL E 2711 W SUNRISE BLVD SUITE 4 FT LAUDERDALE, FL 33311 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ROBINSON, DANEIL E 2711 W SUNRISE BLVD SUITE 4 FT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800138344628 12/01/08--01065--011 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD ROBINSON, CONNIE 2711 W SUNRISE BLVD SUITE 4 FT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ROBINSON, MARUICE A 2711 W SUNSHINE BLVD, SUITE 4 FT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Amil E. Robinson 11/25/08 954-583-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12/2/08