## 2013 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P94000027035

FILED Apr 09, 2013 Secretary of State

Entity Name: SIMPLIFIED MORTGAGES AND INSURANCE AGENCY, INC.

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

2711 W SUNRISE BLVD. 665 S.W. 27TH AVENUE

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FT LAUDERDALE, FL 33311 FT LAUDERDALE, FL 33312

Current Mailing Address: New Mailing Address:

2711 W SUNRISE BLVD. P.O.BOX 100766

#4 FT.LAUDERDALE, FL 33310 US

FT LAUDERDALE, FL 33311

FEI Number: 65-0488253 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:

ROBINSON, DANIEL E ROBINSON, DANIEL E SR 2711 W SUNRISE BLVD SUITE 4 ROBINSON, DANIEL E SR 665 S.W. 27TH AVE

FT LAUDERDALE, FL 33311 US STE #2
FT LAUDERDALE, FL 33312 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: DANIEL E ROBINSON 04/09/2013

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PD

Name: ROBINSON, DANEIL E SR Address: 665 S.W. 27TH AVEUE City-St-Zip: FT LAUDERDALE, FL 33312 US

Title: STD

Name: ROBINSON, CONNIE
Address: 665 S.W. 27TH AVENUE
City-St-Zip: FT LAUDERDALE, FL 33312

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: DANIEL E. ROBINSON PD 04/09/2013