

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P94000027035

**FILED**  
**Dec 03, 2014**  
**Secretary of State**

**Entity Name:** SIMPLIFIED MORTGAGES AND INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

665 S.W. 27TH AVENUE  
#2  
FT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 100766  
FT.LAUDERDALE, FL 33310 US

**New Mailing Address:**

**FEI Number:** 65-0488253

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ROBINSON, DANIEL E SR  
665 S.W. 27TH AVE  
STE #2  
FT LAUDERDALE, FL 33312 US

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

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 SR.

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 SR.

PD

12/03/2014

Electronic Signature of Signing Officer or Director

Date