2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2005
Secretary of State

DOCUMENT# P94000039146

Entity Name: PESI INSURANCE AGENCY, INC.

Current Principal Place of Business:

11455 S. ORANGE BLOSSOM TRIAL
SUITE 19
ORLANDO, FL 32837

New Principal Place of Business:

11455 S. ORANGE BLOSSOM TRIAL
SUITE 17
ORLANDO, FL 32837

Current Mailing Address:

11455 S. ORANGE BLOSSOM TRIAL
SUITE 19
ORLANDO, FL 32837

New Mailing Address:

11455 S. ORANGE BLOSSOM TRIAL
SUITE 17
ORLANDO, FL 32837

FEI Number: 59-3250533 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PESI, RAFAEL W
11455 S. ORANGE BLOSSOM TRIAL
SUITE 19
ORLANDO, FL 32837 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: RAFAEL W. PESI

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: PESI, RAFAEL W
Address: 11455 S ORANGE BLOSSOM TRAIL, STE 17
City-St-Zip: ORLANDO, FL 32837

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P ( ) Change (X) Addition
Name: PESI, RAFAEL W
Address: 11455 S. ORANGE BLOSSOM TRAIL STE 17
City-St-Zip: ORLANDO, FL 32837

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: RAFAEL W. PESI P 10/06/2005

Electronic Signature of Signing Officer or Director — Date