

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000003186

FILED
Oct 07, 2005
Secretary of State

Entity Name: THE HEALTH INSURANCE STORE, INC.

Current Principal Place of Business:

1011 E VINE ST
KISSIMMEE, FL 34744 US

New Principal Place of Business:

1007 E VINE ST
KISSIMMEE, FL 34744 US

Current Mailing Address:

1011 E VINE ST
KISSIMMEE, FL 34744 US

New Mailing Address:

1007 E VINE ST
KISSIMMEE, FL 34744 US

FEI Number: 59-3287702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISCHER, WES
1011 E VINE ST
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

FISCHER, WES
1007 E VINE ST
KISSIMMEE, FL 34744 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: WES FISCHER

10/07/2005

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: PD () Delete
Name: FISCHER, J. WESLEY
Address: 1011 E VINE ST
City-St-Zip: KISSIMMEE, FL 34744

Title: STD () Delete
Name: RILEY-FISCHER, VICKI
Address: 1011 E VINE ST
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FISCHER, J. WESLEY
Address: 1007 E VINE ST
City-St-Zip: KISSIMMEE, FL 34744

Title: STD (X) Change () Addition
Name: RILEY-FISCHER, VICKI
Address: 1007 E VINE ST
City-St-Zip: KISSIMMEE, FL 34744

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: J. WESLEY FISCHER

PD

10/07/2005

Electronic Signature of Signing Officer or Director

Date