# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000082365

1. Entity Name
ALL ATLANTIC COASTAL INSURANCE AGENCY, INC.

FILED
05 FEB 11 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 4150-C OKEECHOBEE ROAD<br>FT. PIERCE, FL 34947 | 4150-C OKEECHOBEE ROAD<br>FT. PIERCE, FL 34947 |

01212005 REIN-P CR2E098 (6/04)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 5214 B Okeechobee Rd<br>Suite, Apt #, etc. | 5214 B Okeechobee Rd<br>Suite, Apt. #, etc. |
| City & State: Ft Pierce FL | City & State: Ft Pierce FL |
| Zip: 34947 Country: US | Zip: 34947 Country: US |

4. FEI Number: 65-0702753 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SERAFINI, KRISTEN<br>4150-C OKEECHOBEE ROAD<br>FT. PIERCE, FL 34947 | Name: Kristen M. Harris<br>Street Address (P.O. Box Number is Not Acceptable)<br>5214 B Okeechobee Rd<br>City: Ft Pierce FL Zip Code: 34947 |

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: Kristen M Harris 1-21-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SERAFINI, KRISTEN<br>4150-C OKEECHOBEE ROAD<br>FT. PIERCE, FL 34947 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Kristen M Harris<br>5214 B. Okeechobee Rd<br>Ft Pierce FL 34947 ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SEGUI, TRACY<br>4150 C OKEECHOBEE RD<br>FT PIERCE, FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 000046904340<br>02/21/05--01011--019 **300.00 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | REINSTATEMENT 01-05 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** Kristen M Harris 1-21-05 (772) 466 8408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #