

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000081319

FILED  
Oct 19, 2004  
Secretary of State

Entity Name: GROUP AND LIFE INSURANCE OF AMERICA, INC.

## Current Principal Place of Business:

175 FONTAINEBLEAU BLVD  
STE 2G1  
MIAMI, FL 33172 US

## New Principal Place of Business:

15210 SW 154TH TERRACE  
MIAMI, FL 33187 US

## Current Mailing Address:

P O BOX 650 190  
MIAMI, FL 33265 US

## New Mailing Address:

FEI Number: 65-0827388      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TUNON, LUIS JR.  
15210 SW 154TH TERR  
MIAMI, FL 33187 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:

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: TUNON, LUIS JR.  
Address: 15210 SW 154TH TERR  
City-St-Zip: MIAMI, FL 33187

Title: D ( ) Delete  
Name: TUNON, AYMARA MENCIA  
Address: 15210 SW 154TH TERR  
City-St-Zip: MIAMI, FL 33187

Title: VP ( ) Delete  
Name: ORLANDO, ALONSO  
Address: 350 SW 122ND AVE., STE. 317  
City-St-Zip: MIAMI, FL 33184

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: TUNON, LUIS JR.  
Address: 15210 SW 154TH TERR  
City-St-Zip: MIAMI, FL 33187

Title: STD (X) Change ( ) Addition  
Name: TUNON, AYMARA MENCIA  
Address: 15210 SW 154TH TERR  
City-St-Zip: MIAMI, FL 33187

Title: VPD (X) Change ( ) Addition  
Name: ORLANDO, ALONSO  
Address: 2401 ANDERSON ROAD  
City-St-Zip: CORAL GABLES, FL 33134

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: AYMARA MENCIA TUNON

STD

10/19/2004

Electronic Signature of Signing Officer or Director

Date