## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P98000022570

ity Name: EMMANUEL INSURANCE & ASSOCIATES. INC

FILED Oct 14, 2008 Secretary of State

Entity Na	me: EMMANC	IEL INSURANCE & ASSOCIA	TES, INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ΓΗ AVENUE FL 33013				
Current Mailing Address:			New Mailing Address:		
	ΓΗ AVENUE FL 33013				
FEI Number	: 65-0337509	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
6303 SW 4 MIAMI, FL The above			ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE: DANIEL [	DIAZ DE LA ROCHA			
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () SANCHEZ, IME 2370 E. 8TH AV HIALEAH, FL 3	'ENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () MEDINA, SARA 2370 E. 8TH AV HIALEAH, FL 3	'ENUE	Title: Name: Address: Citv-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: IMER SANCHEZ PRES 10/14/2008