

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P99000007700

**FILED**  
**Sep 30, 2010**  
**Secretary of State**

**Entity Name:** ADMIRAL INSURANCE ASSOCIATES, INC.

**Current Principal Place of Business:**

850 NW FEDERAL HIGHWAY  
SUITE 205  
STUART, FL 34994

**New Principal Place of Business:**

850 NW FEDERAL HIGHWAY  
SUITE 111  
STUART, FL 34994

**Current Mailing Address:**

850 NW FEDERAL HIGHWAY  
SUITE 205  
STUART, FL 34994

**New Mailing Address:**

850 NW FEDERAL HIGHWAY  
SUITE 111  
STUART, FL 34994

**FEI Number:** 65-0889317

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HODGINS, CHRISTOPHER R  
850 NW FEDERAL HIGHWAY  
STE 205  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

HODGINS, CHRISTOPHER R  
850 NW FEDERAL HIGHWAY  
STE 111  
STUART, FL 34994 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: CHRISTOPHER R HODGINS

09/30/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PDS  
Name: HODGINS, CHRISTOPHER R  
Address: 850 NW FEDERAL HIGHWAY, STE 111  
City-St-Zip: STUART, FL 34994

Title: VPD  
Name: HODGINS, LELA  
Address: 850 NW FEDERAL HIGHWAY, STE 111  
City-St-Zip: STUART, FL 34994

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER R HODGINS

RA

09/30/2010

Electronic Signature of Signing Officer or Director

Date