

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P99000047794

**FILED**  
**Feb 04, 2011**  
**Secretary of State**

**Entity Name:** PALM INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

313 N.E. 167TH STREET  
N. MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

313 N.E. 167TH STREET  
N. MIAMI BEACH, FL 33162

**New Mailing Address:**

**FEI Number:** 65-0928614

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COWART, LEE  
401 NE 167TH STREET  
MIAMI, FL 33162 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:** M'LISS COWART

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** COWART, M'LISS  
**Address:** 410 N.E. 167TH STREET  
**City-St-Zip:** N. MIAMI BEACH, FL 33162

**Title:** VP  
**Name:** COWART, LEE J  
**Address:** 401 NE 167TH CT  
**City-St-Zip:** MIAMI, FL 33162

**Title:** S  
**Name:** COWART, RYAN L  
**Address:** 401 NE 167TH STREET  
**City-St-Zip:** MIAMI, FL 33162

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:** M'LISS COWART

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

02/04/2011

\_\_\_\_\_  
Date