

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P99000056716

Entity Name: L&J INSURANCE, INC.

**FILED**  
**Apr 09, 2013**  
**Secretary of State**

## **Current Principal Place of Business:**

21000 BOCA RIO ROAD  
#A-25  
BOCA RATON, FL 33433 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

21000 BOCA RIO ROAD  
#A-25  
BOCA RATON, FL 33433 US

## **New Mailing Address:**

FEI Number: 65-0928855

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RAMERS, LAWRENCE M  
21000 BOCA RIO ROAD  
#A-25  
BOCA RATON, FL 33433 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: LAWRENCE M. RAMERS

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PSDT  
Name: RAMERS, LAWRENCE M  
Address: 21000 BOCA RIO ROAD #A-25  
City-St-Zip: BOCA RATON, FL 33433 US

Title: VD  
Name: FETTER, JULIE  
Address: 21000 BOCA RIO ROAD #A-25  
City-St-Zip: BOCA RATON, FL 33433 US

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: LAWRENCE M. RAMERS

P

04/09/2013

Electronic Signature of Signing Officer or Director

Date