

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S42428

FILED  
Nov 13, 2009  
Secretary of State

Entity Name: NATIONAL INSURANCE GROUP, INC.

**Current Principal Place of Business:**

PO BOX 3030  
HALLANDALE, FL 33008

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3030  
HALLANDALE, FL 33008

**New Mailing Address:**

FEI Number: 65-0252061

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GREENFIELD, ALAN E  
3766 NE 209 TERR  
AVENTURA, FL 33180 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: ALAN E. GREENFIELD

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: VD ( ) Delete  
Name: HAUSER, JAMES A  
Address: 3191 CORAL WAY, SUITE 405  
City-St-Zip: MIAMI, FL 33145

Title: PD ( ) Delete  
Name: LIPP, A.J.  
Address: PO BOX 128  
City-St-Zip: HALLANDALE, FL 33008

Title: TSD ( ) Delete  
Name: GREENFIELD, ALAN E  
Address: 3766 NE 209 TERR  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: A.J. LIPP

PD

11/13/2009

Electronic Signature of Signing Officer or Director

Date