

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V36253

FILED  
Jul 26, 2006  
Secretary of State

Entity Name: C. "CHET" MUNDZAK INSURANCE & ASSOCIATES, INC.

## Current Principal Place of Business:

14521 WALSHINGHAM RD  
LARGO, FL 33774 US

## New Principal Place of Business:

8809 NORTH RIVER RD  
TAMPA, FL 33635 US

## Current Mailing Address:

9415 TARA CAY DRIVE  
SEMINOLE, FL 34646

## New Mailing Address:

8809 NORTH RIVER RD  
TAMPA, FL 33635

FEI Number: 59-3124085

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MUNDZAK, CHESTER  
9415 TARA CAY DRIVE  
SEMINOLE, FL 33776 US

## Name and Address of New Registered Agent:

MUNDZAK, CHESTER PD  
8809 NORTH RIVER RD  
TAMPA, FL 33635 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: CHESTER MUNDZAK

07/26/2006

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: PD ( ) Delete  
Name: MUNDZAK, CHESTER  
Address: 9415 TARA CAY DRIVE  
City-St-Zip: SEMINOLE, FL

Title: S ( ) Delete  
Name: MUNDZAK, CONNIE C.  
Address: 9415 TARA CAY DR  
City-St-Zip: SEMINOLE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MUNDZAK, CHESTER  
Address: 8809 NORTH RIVER RD  
City-St-Zip: TAMPA, FL 33635

Title: S (X) Change ( ) Addition  
Name: MUNDZAK, CONNIE C.  
Address: 8809 NORTH RIVER RD  
City-St-Zip: TAMPA, FL 33635

I hereby certify that the information supplied with this filing does not qualify for the 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: CHESTER MUNDZAK

PD

07/26/2006

Electronic Signature of Signing Officer or Director

Date