#### 2019 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P13000086863

Entity Name: ALL FLORIDA INSURANCE ASSOCIATES, INC.

FILED Feb 07, 2019 Secretary of State 6823243253CR

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

3309 NORTHLAKE BLVD SUITE 107

PALM BEACH GARDENS, FL 33403

## **Current Mailing Address:**

3172 HOYLAKE RD

LAKE WORTH, FL 33467 US

FEI Number: 90-1021822 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

STRICKLAND, BEAU T 3172 HOYLAKE RD LAKE WORTH, FL 33467 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: BEAU STRICKLAND 02/07/2019

Electronic Signature of Registered Agent Date

# Officer/Director Detail:

Title P, S, T, D

Name STRICKLAND, BEAU T Address 3172 HOYLAKE RD

City-State-Zip: LAKE WORTH FL 33467

SIGNATURE: BEAU STRICKLAND

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.

**PRESIDENT**