PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

LIMITED LIABILITY COMPANY REINSTATEMENT

UBR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # L98|3408

1. Limited Liability Company's Name

Retirement Insurance Associates, LLC

2. Principal Office Address	**3.** Mailing Office Address
5811 Pelican Bay Blvd.	Same
Suite, Apt. #, etc.: Suite #300	Suite, Apt. #, etc.
City & State: NAPLES, FLORIDA	City & State
Zip: 34108 Country: USA	Zip Country

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 1999

6. FEI Number: 156467123 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Richard M. Smarg

Street Address (P.O. Box Number is Not Acceptable): 5811 Pelican Bay Blvd.

Suite, Apt. #, Etc.: #300

City: NAPLES State: FL Zip Code: 34108

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] Date: 10-31-2000
REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
~~Pres.~~ MGRM	Richard M. Smarg	5811 Pelican Bay Blvd, #300	Naples, FL 34108

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: [signature] Date: 10-31-00 Daytime Phone #: 941-434-7500

Typed or printed name of signing Managing Member/Manager: RICHARD M. SMARG