

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION OF CORPORATIONS

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DOCUMENT # M01000002262

1. Limited Liability Company's Name

Balboa Life & Casualty, LLC

2. Principal Office Address - No P.O. Box # 3349 Michelson Drive

3. Mailing Office Address 3349 Michelson Drive

Suite, Apt. #, etc. Suite # 200

Suite, Apt. #, etc. Suite # 200

City & State Irvine, California

City & State Irvine, California

Zip 92612

Country USA

Zip 92612

Country USA

11/14/07 CR2E041 (1/07) 01022 023 \$350

4. State/Country of Formation Delaware

5. Date Organized or Qualified To Do Business In Florida 10-1-01

6. FEI Number 33-0939798

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 Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street

Suite, Apt. #, Etc.

City Tallahassee

State FL Zip Code 32301

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 Susan Easton, Asst. Sec. REGISTERED AGENT MUST SIGN

Date 11-5-07

10. Names and Street Addresses of Managing Members/Managers

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Rows include Carlos M. Garcia, Frank T. Dunn, and Robert V. James.

REINSTATEMENT 2003-2007 [Signature]

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.

Signature of Managing Member/Manager [Signature] Date 11-2-07 Daytime Phone # 949-222-8000

Typed or printed name of signing Managing Member/Manager Balboa Insurance Company by Michael Tully, AVP

Authorizer Representative