FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2011 JUL -1 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M07000001951

1. Limited Liability Company's Name

Citadel Insurance Services, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
826 East State Road		PO Box 1677	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 100			
City & State		City & State	
American Fork, Utah		American Fork, Utah	
Zip	Country	Zip	Country
84003	USA	84003	USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number ☐ 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: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 615 East Park Avenue

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

E-mail Address:

500208902375
06/14/11--01038--006 **655.00

jhill@citadelus.com
(To be used for future annual report notices)

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: NRAI Services, Inc. Wendy D Rea, Assistant Secretary Date: 6/16/2011

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	David N. Johnson	826 East State Road Suite 100	American Fork, UT 84003
MGRM	Anthony S. Eardley	826 East State Road Suite 100	American Fork, UT 84003

REINSTATEMENT
2008-2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: Date: 6/3/2011 Daytime Phone #: 801-810-8788

Typed or printed name of signing Managing Member/Manager: Anthony S. Eardley

SECRETARY
EXAMINER

JUL 5 2011