PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| LIMITED LIABILITY COMPANY REINSTATEMENT | FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS | FILED
14 JUN 12 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA |

DOCUMENT # L06000031427

1. Limited Liability Company's Name

1 Stop Insurance Services, LLC.

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 13751 N. Nebraska Avenue	3. Mailing Office Address 13751 N. Nebraska Avenue	4. State/Country of Formation Florida / United States
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Date Organized or Qualified To Do Business in Florida 03/24/2006
City & State Tampa, Florida	City & State Tampa, Florida	6. FEI Number 204593472	Applied For Not Applicable
Zip 33613	Country United States	Zip 33613	Country United States	7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name
Terry Koch

Street Address (P.O. Box Number is Not Acceptable)
13751 N. Nebraska Avenue

Suite, Apt. #, Etc.

| City
Tampa | State
FL | Zip Code
33613 |

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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 605, F.S.

Signature of Registered Agent _____
REGISTERED AGENT MUST SIGN

Date 6/10/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MNGR	Terry Koch	13751N.Nebraska Ave.	Tampa, FL 33613
	REINSTATEMENT	JUN 12 2014 R. HUNT	

11. E-mail Address: terrykoch@valuerate.net
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012. 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____ Date 6/10/14 Daytime Phone # 813-999-4960

Typed or printed name of signing Authorized Representative/Manager TERRY M. Koch