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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
2003 NOV 12 PM 1:39
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000002126

Name and Mailing Address

000980I 01 AT 0.292 **AUTO T6 0 0615 33704-391923

SELF INSURED MANAGEMENT COMPANY OF FLORIDA, LLC
1923 16TH STREET NORTH
SAINT PETERSBURG FL 33704-3919

CR2E083 (7/03)

2. New Mailing Address City, State, Zip	4. State/Country of Formation FL 5. Date Organized or Qualified To Do Business in Florida 02/08/2001
Principal Place of Business 1923 16TH STREET NORTH SAINT PETERSBURG FL 33704 3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3697757 ☐ 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	9. Name and Address of New Registered Agent
KICKLITER, GENE M 1923 16TH STREET NORTH SAINT PETERSBURG FL 33704	Name Street Address (P.O. Box Number is Not Acceptable) 600024621116 11/13/03--01014--004 **150.00 City FL Zip Code

10. 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 GENE KICKLITER REQUIRED Date 10/20/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
~~MGR~~	~~FLOWERS, DEBRA JO~~	~~1923 16TH STREET NORTH~~	~~SAINT PETERSBURG FL 33704~~
MGRM	FLOWERS, KAY A.	1923 16th STREET NORTH	ST PETERSBURG FL 33704
MGR	FLOWERS, RAYMOND L.	1923 16th STREET NORTH	ST PETERSBURG FL 33704
		REINSTATEMENT 2003	

12. 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/Manage ✓ KAY A. FLOWERS REQUIRED Date _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager KAY A. FLOWERS