

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

01 OCT 22 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L-3747
MEMBERS INSURANCE SERVICES LLC

REINSTATEMENT *2001*

2. Principal Office Address

3. Mailing Office Address

1900 NW CORPORATE BLVD ← SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2051 WEST

City & State

City & State

BOCA RATON, FL

Zip Country

33431 USN

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

MARCH 2000

6. FEI Number

65-0994437

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

THE MACK GROUP, INC.

800004653618-3

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

1900 CORPORATE BLVD,

Suite, Apt. #, Etc.

SUITE 110

City

BOCA RATON

State
FL

Zip Code

33431

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

J. Man

REGISTERED AGENT MUST SIGN

Date

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
TREASURER	JAY MACK	AS ABOVE	

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

J. Man

Date

10/15/01

Daytime Phone #

561 998-1570

Typed or printed name of signing Managing Member/Manager

JAY MACK