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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 25 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/25/02--01029--006 **200.00

DOCUMENT # L00000007613

1. Limited Liability Company's Name
Meyers Insurance Associates, LLC

2. Principal Office Address	**3.** Mailing Office Address
1060 West State Road 434	1060 West State Road 434
Suite, Apt. #, etc. *168	Suite, Apt. #, etc. *168
City & State Longwood, FL	City & State Longwood, FL
Zip 32750 Country U.S.A.	Zip 32750 Country U.S.A

4. State/Country of Formation: Florida, U.S.A.

5. Date Organized or Qualified To Do Business in Florida: 6/28/00

6. FEI Number: 59-3654312 ☐ 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: Lissa J. DeScalzo-Meyers

Street Address (P.O. Box Number is Not Acceptable): 1060 West State Road 434

Suite, Apt. #, Etc.: *168

City: Longwood, State: FL Zip Code: 32750

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: [signature] Date: 11/19/02
REGISTERED AGENT MUST SIGN

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
Mgr	Lissa J. DeScalzo-Meyers	3378 Foxmeadow Ct.	Longwood, FL 32779

REINSTATEMENT 2002

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: [signature] Date: 11/19/02 Daytime Phone # 407-831-8341

Typed or printed name of signing Managing Member/Manager: Lissa J. DeScalzo-Meyers

CR2E041 (9/01)