

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

01 NOV -9 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000012160

1. Limited Liability Company's Name

High Mark Insurance Agency, LLC

2. Principal Office Address

500 S. Florida Ave

Suite, Apt. #, etc.

Suite 400

City & State

Lakeland, FL

Zip

33801

Country

Polk

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 2001

4. State/Country of Formation

FL/Polk

5. Date Organized or Qualified
To Do Business in Florida

10/5/2000

6. FEI Number

59-3674870

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

Pennachio, John J

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

500 S. Florida Ave, Suite 400

Suite, Apt. #, Etc.

Lakeland

City

"

State

FL

Zip Code

33801

700004695487-4
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****150.00 ****150.00

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

John Pennachio

Date

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
MR	John J. Pennachio	500 S. Florida Ave, Suite 400	Lakeland, FL 33801
Pres.	Kirk Bradach	"	"
VP	Heath Lehman	"	"
Treas	Paul Riddell	"	"
Sec.	Meg Miranda	"	"

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

John Pennachio

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

John J. Pennachio

CR2E041 (8/01)