

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000014776

FILED
Sep 18, 2007
Secretary of State

Entity Name: DNB INSURANCE GROUP, LLC

Current Principal Place of Business:

500 GULFSTREAM BLVD
DELRAY BEACH, FL 33435

New Principal Place of Business:

500 GULFSTREAM BLVD STE 105
DELRAY BEACH, FL 33435

Current Mailing Address:

500 GULFSTREAM BLVD
DELRAY BEACH, FL 33435

New Mailing Address:

500 GULFSTREAM BLVD STE 105
DELRAY BEACH, FL 33435

FEI Number: 65-1064309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAUNDERS, BRAD K ESQ
100 SE 2ND ST
17TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

DAVIDSON, JULI
500 GULFSTREAM BLVD
STE 105
DELRAY BEACH, FL 33483 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JULI DAVIDSON

09/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BEIRNE, LLOYD
Address: 1200 N. FEDERAL HWY, #315
City-St-Zip: BOCA RATON, FL 33432

Title: MGR () Delete
Name: DAVIDSON, DAVID
Address: 1200 N. FEDERAL HWY #315
City-St-Zip: BOCA RATON, FL 33432

Title: S (X) Delete
Name: PAZ, NANCY
Address: 1200 N FEDERAL HWY STE 204
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DAVIDSON, DAVID
Address: 500 GULFSTREAM BLVD STE 105
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGR (X) Change () Addition
Name: DAVIDSON, JULI
Address: 500 GULFSTREAM BLVD STE 105
City-St-Zip: DELRAY BEACH, FL 33483

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JULI DAVIDSON

MGR

09/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date