

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations
Secretary of State
DIVISION OF CORPORATIONS

FILED

2002 NOV -6 PM 12:10

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000015405

Name and Mailing Address

0010339 01 FP 0,352 **PRSRT H7 0 0615 33919-727406
HEALTH INSURANCE ASSOCIATES, LLC
6710 WINKLER ROD., #6
FT MYERS FL 33919-7274



CR2E084 (8/02)

2. New Mailing Address <u>6296 Corporate Ct #B102</u> City, State, Zip <u>FT. MYERS, FL 33919</u>		4. State/Country of Formation FL	
Principal Place of Business 6710 WINKLER ROD., #6 FT MYERS FL 33919		5. Date Organized or Qualified To Do Business in Florida 12/13/2000	
3. New Principal Place of Business Address <u>6296 Corporate Ct. #B102</u> City, State, Zip <u>FT. MYERS FL 33919</u>		6. FEI Number 65-1067934	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
Applied For Not Applicable			

8. Name and Address of Current Registered Agent <u>Doane</u> <u>DOANE, ARREL</u> <u>14909 MAHOE CT.</u> <u>FT MYERS FL 33908</u>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <u>800008832658</u> <u>11/06/02--01090--026</u> *\$150.00 City <u>FL</u> Zip Code	
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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 [Signature] Date 10/29/02

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
MEM	WILCOX, ROBERT C	6710 WINKLER ROD., #6 <u>6296 Corporate Ct. #B102</u>	FT MYERS FL 33919
MEM	ARREL DOANE	6710 WINKLER ROD., #6 <u>6296 Corporate Ct. #B102</u>	FT MYERS FL 33919
REINSTATEMENT <u>2002</u>			

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/Manager [Signature] Date 10/29/02 Daytime Phone # 239-872-6373

Typed or printed name of signing Managing Member/Manager Arrel Doane