

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

03 OCT 24 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000015405  
Name and Mailing Address

0014116 01 AT 0.292 \*\*AUTO T1 0 0615 33919-353522



HEALTH INSURANCE ASSOCIATES, LLC  
6296 CORPORATE CT. #B102  
FT MYERS FL 33919-3535



CR2E084 (7/03)

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

8. Name and Address of Current Registered Agent DOANE, ARREL 14909 MAHOE CT. FT MYERS FL 33908	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12554 Barnington Ct. City FL Zip Code
---	--

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 Arrel Doane **SIGNATURE REQUIRED** Date 10/17/03

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	6296 CORPORATE CT. #B102	FT MYERS FL 33919
MEM	ARREL DOANE	6296 CORPORATE CT. #B102	FT MYERS FL 33919
700023985537 10/21/03--01139--002 **150.00			
REINSTATEMENT <u>03</u> dce			

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 Arrel Doane **SIGNATURE REQUIRED** Date 10/17/03 Daytime Phone # 239-454-4677

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