

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 5:27

1. DOCUMENT # L01000015372

Name and Mailing Address

0016489 01 MB 0.309 **AUTO TO 0 0615 60123-935374



QUALITY INSURANCE PARTNERS, LLC
665 TOLLGATE ROAD
SUITE B
ELGIN IL 60123-9353



2. New Mailing Address

City, State, Zip

Principal Place of Business

665 TOLLGATE ROAD
SUITE B
ELGIN IL 60123

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

09/07/2001

6. FEI Number

65-1135767

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

BYRD, BARRY B
4100 RCA BLVD., SUITE 100
PALM BEACH GARDENS FL 33410

9. Name and Address of New Registered Agent

Name

MARSHALL-MANLEY

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

City

2475-MARSEILLE-DRIVE

PALM BEACH GARDEN

FL

Zip Code

33410

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 of Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/6/03

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
MGR	MANLEY, MARSHALL	2475 MARSEILLE DRIVE	PALM BEACH GARDEN FL 33410
MGR	BARHAM, NORMAN	18 LONG BEACH BOULEVARD	LOVELADIES NJ 08008
MGR	GADDIS, ROBERT	7N441 FALCONS TRAIL	ST CHARLES IL 60175

REINSTATEMENT
REINSTATEMENT

03

400024564464

11/10/03--01064--005 **150.00

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 of Managing Member/Manager

Date 10-24-03 Daytime Phone 847-429-1760

Typed or printed name of signing Managing Member/Manager.

ROBERT GADDIS