

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP -1 AM 10:20

DOCUMENT # L01000016562

1. Limited Liability Company's Name

F & F Insurance, LLC

2. Principal Office Address

5979 NW 151 Street

Suite, Apt. #, etc.
105

City & State

Miami Lakes, FL

Zip

33014

Country

USA

3. Mailing Office Address

5979 NW 151 Street

Suite, Apt. #, etc.
105

City & State

Miami Lakes, FL

Zip

33014

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida/USA

**5. Date Organized or Qualified
To Do Business in Florida**

9/26/01

6. FEI Number

☒ **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

Lee R. Fowler

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

5979 NW 151 Street

Suite, Apt. #, Etc.

Suite 105

City

Miami Lakes,

**State
FL**

**Zip Code
33014**

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**

Lee R. Fowler

Date 8/31/2006

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
MGRM	Lee R. Fowler	5979 NW 151 Street #105	Miami Lakes, FL 33014
MGRM	Richard D. French	5979 NW 151 Street #105	Miami Lakes, FL 33014

REINSTATEMENT 02-06

100079726481

09/12/06--01058--005 **350.00

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**

Lee R. Fowler

Date 8/31/2006 **Daytime Phone #** 3055039141

Typed or printed name of signing Managing Member/Manager

Lee R. Fowler