
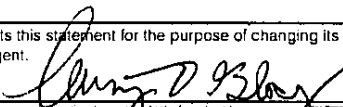
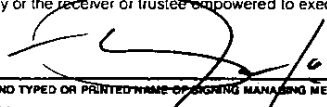


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 APR -1 AM 9:30

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # L01000017021</b>  |   |  |   |                |  |
| 1. Entity Name<br><b>AMERICA'S CHOICE INSURANCE &amp; INVESTMENTS,<br/>L.L.C.</b>   |   |  |   |   |  |
| Principal Place of Business<br><b>1175 SOUTH U.S. HWY 1<br/>VERO BEACH, FL 32962 US</b>   |   |  | Mailing Address<br><b>1175 SOUTH U.S. HWY 1<br/>VERO BEACH, FL 32962 US</b> |   |  |
| 2. Principal Place of Business  |   |  | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.   |   |  | Suite, Apt. #, etc.   |   |  |
| City & State  |   |  | City & State  |   |  |
| Zip   | Country   | Zip  | Country   | 4. FEI Number<br><b>59-3749956</b>  |  |
|   |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
|   |   |  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent   |   |  | 7. Name and Address of New Registered Agent                                 |   |  |
| <b>BLODIG, GREGORY ESQ.<br/>100 WEST CYPRESS CREEK ROAD<br/>SUITE 700<br/>FT. LAUDERDALE, FL 33309</b>  |   |  | Name  |   |  |
|   |   |  | Street Address (P.O. Box Number is Not Acceptable)                          |   |  |
|   |   |  | City  |   |  |
|   |   |  | FL Zip Code   |   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.   |   |  |   |   |  |
| SIGNATURE  DATE <b>3-25-05</b>  |   |  |   |   |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  |   |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$100.00</b>  |   | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. |   | Make check payable to<br><b>Florida Department of State</b>                                     |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |  | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>M G R<br/>JANKE, WALTER H<br/>1175 SOUTH U.S. HWY 1<br/>VERO BEACH, FL 32962</b> | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>C E O<br/>JANKE, WALTER H<br/>1175 SOUTH U.S. HWY 1<br/>VERO BEACH, FL 32962</b> | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>C O O<br/>JANKE, LALITA<br/>1175 SOUTH U.S. HWY 1<br/>VERO BEACH, FL 32962</b>   | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  |   |   |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  DATE _____ DAYTIME PHONE # _____   |   |  |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |  |   |   |  |

REINSTATEMENT 04-05

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