

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 JEFFREY WITH
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

FILED
 02 NOV 27 AM 12:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000017793

Name and Mailing Address

0001595 01 FP 0.352 **PRSR T5 0 0615 33069-343257
 NORTH AMERICAN INSURANCE EXCHANGE LLC
 3000 NORTH PALM AIRE DRIVE, SUITE 207
 POMPANO BEACH FL 33069-3432

200009238112
 11/27/02--01039--001 **150.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 3000 NORTH PALM AIRE DRIVE, SUITE 207 POMPANO BEACH FL 33069		5. Date Organized or Qualified To Do Business in Florida 10/15/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 651150090 Applied For Not Applicable	
8. Name and Address of Current Registered Agent JUIFFRE, DOUGLAS S 3000 NORTH PALM AIRE DRIVE, SUITE 207 POMPANO BEACH FL 33069		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 <i>[Signature]</i> Date 11/22/02 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
Pres	DOUGLAS JUIFFRE	3000 N. PALM AIRE DR., Suite 207 POMPANO BEACH	POMPANO BEACH, FL 33069
REINSTATEMENT 2002			
<i>[Signature]</i>			

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 11/22/02 Daytime Phone # 954-532-4000
 TYPED or PRINTED name of signing Managing Member/Manager DOUGLAS JUIFFRE

CR2E084 (8/02)