

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **LD1000019092**

1. Limited Liability Company's Name

Pacific Coast Insurance Group, L.L.C.

2. Principal Office Address

3039 Premiere Parkway

Suite, Apt. #, etc.

Suite 100

City & State

Duluth, GA

30097

Country

USA

3. Mailing Office Address

3039 Premiere Parkway

Suite, Apt. #, etc.

Suite 100

City & State

Duluth, GA

30097

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

11/05/2001

6. FEI Number

58-2650583

Applied For

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

02 DEC 10 PM 5:10

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

12/10/2002

600009440296

12/10/02--0107--005 \*\*195.00

**8. Name and Address of Current Registered Agent**

Name

Carlos Lidsky, Esq.

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

145 East 49th Street

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33324

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

REGISTERED AGENT MUST SIGN

Date

11/26/02

**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
mcgm	Ralph Vas	2700 West Atlantic Blvd.	Pompano Beach, FL 33069

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

*Ralph Vas*

Date

11/25/2002

Daytime Phone #

954-973-2828

Typed or printed name of signing Managing Member/Manager

Ralph Vas, Managing Member

CR2E041 (9/01)