

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L01000019886**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JUL 14 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

**L01000019886**

Quadrant Insurance Managers of Florida, L.L.C.

10/4/2

600021792696  
07/25/03--01067--030 \*\*205.00  
MK

2. Principal Office Address

6700 N. Andrews Avenue

Suite, Apt. #, etc.

Suite 300

City & State

Ft. Lauderdale, FL

Zip

33309

Country

USA

3. Mailing Office Address

2001 NW 107 Avenue

Suite, Apt. #, etc.

Suite 200

City & State

Miami, FL

Zip

33172

Country

USA

4. State/Country of Formation

Florida / Broward

5. Date Organized or Qualified

To Do Business In Florida 11/16/01

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

M & W Agents, INC.

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

2101 Corporate Boulevard

Suite, Apt. #, Etc.

Suite 107

City

Boca Raton

State

FL

Zip Code

33431

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

*[Signature]* V.P.

Date June 25, 2003

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
Managing Member	Seitlin	6700 N. Andrews Ave., #300	Ft. Lauderdale, FL 33309
Managing Member	Quadrant Insurance Managers Agency, Inc.	8800 Lyra Drive, #200	Columbus, OH 43240

**REINSTATEMENT 2002-2003**

MK CUS

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

*[Signature]*

Date 6/30/03

Daytime Phone # (954) 938-8788

Typed or printed name of signing Managing Member/Manager M. Stephen Jackman

CR2E041 (10/02)