

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 26 PM 4:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

100027097221

01/16/04--01035--009 **50.00

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L01000021947

1. Limited Liability Company's Name

B & B INSURANCE CONSULTANTS, LLC

2. Principal Office Address

2912 LITTLE COUNTRY ROAD

Suite, Apt. #, etc.

City & State

PARRISH, FL

Zip

34219

Country

3. Mailing Office Address

2912 LITTLE COUNTRY ROAD

Suite, Apt. #, etc.

City & State

PARRISH, FL

Zip

34219

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12/14/2001

6. FEI Number

☒ Applied For
☐ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JOHN F. BRUNS, III

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

~~2912 LITTLE COUNTRY ROAD~~ 2912 LITTLE COUNTRY Rd.

Suite, Apt. #, Etc.

City

PARRISH

State

FL

Zip Code

34219

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

Date 12/15/03

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	JOHN F. BRUNS, III	2912 LITTLE COUNTRY Rd. 2912 LITTLE COUNTRY ROAD	PARRISH, FL 34219
MGR	DIANNA BOVENDER	2810 N.E. 12th STREET	POMPANO BEACH, FL 33062

000024528110

11/10/03--01004--007 **150.00

REINSTATEMENT

02/03
Dec

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

Date 11/3/03

Daytime Phone # (954) 849-0575

Typed or printed name of signing Managing Member/Manager

JOHN F. BRUNS, III