


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2002 LLC
APPLICATION FOR REINSTATEMENT
WBR



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

FILED
 02 NOV 18 AM 10:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000000226
 Name and Mailing Address

0008884 01 FP 0,352 **PRSRT H9 0 0615 32025-574886
 AFFORDABLE INSURANCE SERVICES L.L.C.
 1386 S. FIRST ST. #A
 LAKE CITY FL 32025-5748



502132909058
05/03/02 90056 029 \$50

2. New Mailing Address 750 S.W. Main Blvd #102 City, State, Zip Lake City, FL 32025		4. State/Country of Formation FL	
3. New Principal Place of Business Address 750 S.W. Main Blvd #102 City, State, Zip Lake City, FL 32025		5. Date Organized or Qualified To Do Business in Florida 12/31/2001	
Principal Place of Business 1386 S. FIRST ST. #A LAKE CITY FL 32025		6. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent DRAWDY, J. BRUCE 765 CHERRY DR. LAKE CITY FL 32025	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *J. Bruce Drawdy* Date *11-18-02*
 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
MGR	J. Bruce Drawdy	765 Cherry Dr.	Lake City, FL 32025

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 *J. Bruce Drawdy* Date *11-18-02* Daytime Phone # *386-758-1889*
 Typed or printed name of signing Managing Member/Manager *J. Bruce Drawdy*

CR2E084 (8/02)