

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE
REINSTATEMENT OF CORPORATIONS

L02000028717 FILED

1. DOCUMENT # L02000028717

Name and Mailing Address

03 DEC -9 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0015001 01 AB 0.301 **AUTO T6 1 0615 32606-599609

SILBERMAN INSURANCE AND FINANCIAL SERVICES PLLC

4809 NW 36TH PLACE
GAINESVILLE FL 32606-5996



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/28/2002	
Principal Place of Business 4809 NW 36TH PLACE GAINESVILLE FL 32606-5996	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 02-0652762	Applied For Not Applicable
		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 SILBERMAN, DONALD L 4809 NW 36TH PLACE GAINESVILLE FL 32606-5996	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

Donald L. Silberman
REGISTERED AGENT MUST SIGN

Date 10/20/03

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	DONALD L. SILBERMAN	4809 NW 36TH PL	GAINESVILLE, FL 32606

600024184516
10/28/03--01007--018 **150.00

REINSTATEMENT *JOB*

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

Donald L. Silberman 10/20/03 Daytime Phone # 352-374-6710

Typed or printed name of signing Managing Member/Manager