

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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10/21/03--01079--019 \*\*150.00

DOCUMENT # L02000030161

1. Limited Liability Company's Name

iTi Assurance, LLC

2. Principal Office Address

3001 N. Rocky Point Dr. E.

Suite, Apt. #, etc.

Suite # 335

City & State

Tampa, FL

Zip 33607

Country US

3. Mailing Office Address

3001 N. Rocky Point Dr. E.

Suite, Apt. #, etc.

Suite # 335

City & State

Tampa, FL

Zip 33607

Country US

4. State/Country of Formation

Florida, US

5. Date Organized or Qualified

To Do Business in Florida

11/15/02

6. FEI Number

59-3481633

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

Reza Yazdani

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

3001 N. Rocky Point Dr. E.

Suite, Apt. #, Etc.

Suite # 335

City

Tampa

State FL

Zip Code

33607

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 10/15/03

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
MGR	Reza Yazdani	3001 N. Rocky Point Dr., #335	Tampa, FL 33607

REINSTATEMENT  
REINSTATEMENT

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 10/15/03 Daytime Phone # (813) 281-2929

Typed or printed name of signing Managing Member/Manager

Reza Yazdani