


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

1 of 2

DOCUMENT # L03000001459

1. Entity Name
IRA INSURANCE, LLC



2005 MAY 23 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
360 AVENUE STE. 208
CORAL GABLES, FL 33146

Mailing Address
360 AVENUE STE. 208
CORAL GABLES, FL 33146

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04012005 REIN-LLC CR2E101 (6/04)

4. FEI Number
45-0496559

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, IRAIDA RODRIGU
360 AVENUE STE. 208
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE **5/10/05**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered agent signature required when reinstating)

FILE NOW!!! FEE IS \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	Iraida R. Alvarez,	360 Greco Avenue #206	Coral Gables, FL 33146	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ DATE: **4/1/05** DATE: **4/1/05**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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IRA INSURANCE, LLC

360 Greco Avenue
Suite 206
Coral Gables, Florida 33146
305 567-2517
305 567-2686
IRAInsurance@Bellsouth.net

April 1, 2005

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

re: IRA Insurance, LLC

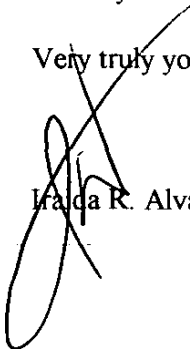
Dear Sirs:

Enclosed herewith you will find reinstatement for the above-captioned corporation, together with my Check No. 1223 in the amount of \$50.00. Please note that I filed a report with your Dept. last year together with my Check No. 1099 in the amount of \$50.00. However, I never received any information from your offices stating that my Limited Liability was dissolved.

Kindly reinstate IRA Insurance, LLC.

Thank you for your cooperation herein.

Very truly yours,


Irada R. Alvarez

2005 MAY 23 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA