## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

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1. Entity Name				2 f mar (		
IRA INSURANCE, LLC			300			
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		<b>637</b>		<sup>15</sup> 11AY 23 Aii	8: 02	
Principal Place of Business	Mailing Address		SF	CRETARY OF S LAHASSEE, FL	90	
360 AVENUE STE. 208 360 AVENUE STE. 20			TAI	WEIGHT OF S	37415	
		RAL GABLES, FL 33146		-MURSSEE, FI	חרוה	
					r Service (1927) Use manne filmer myrker filminin sil	HRES III JEES
2. Principal Place of Business	3. Mailing Address				KI KUDIN KING DIKEKI BIND K	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04012005	REIN-LLC	CR2E101 (6/04)	
City & State	Cîty & State	Cîty & State		049655		polied For lot Applicable
			<del>- 45.</del>	049655		
Zip Country	Zio	Country	5. Certificate	of Status Desired	See Require	
		L	7 Name and	Address of New Regi		
6. Name and Address of	Current Registered Agent	Name	7. Name and	Address of New Neg	Stereo Agent	
ALVADEZ IDAIDA DODDIGU		7,44,110				
ALVAREZ, IRAIDA RODRIGU 360 AVENUE STE. 208		Street Add	dress (P.O. Box Numb	er is Not Acceptable)		
CORAL GABLES, FL 33146						
	· · · -	1				l
		CIV.			FL Zin Coo	de
					1	
8. The above named entity submits this state	tement for the ourpose of changing its	registered of ce of r	epistered agent, or bo	th, in the State of Florida	a. I am tamiliar with	, and accept
the obligations of registered agent.		$\mathcal{M}_{a}$	/		1	
SIGNATURE			<u>,                                      </u>	2119	3/3/	
Signalure, lypedier printed name of regu	stored agont and the if applicable.	E: Registerrick grant signatu	are required when reinstating		PAIE	
	In accordance with	6 COT 103/21/b) E	O ALLEGIANT	Make c	heck payable to	
FILE NOWILL FEE IS \$100	00	5. 60 1.133(2)(b), F	.5., the limited			
FILE NOW!!! FEE IS \$100.	liability company di	d not leceive the pi	ior notice.		epartment of State	te
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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,

ASSEE, F

KAY 23 AN 6: 09

a R. Alvarez