

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 29 AM 9:21

DOCUMENT # L03000012038

1. Limited Liability Company's Name

The United Insurance Group of Florida, LLC

2. Principal Office Address

280 Business Park Circle

Suite, Apt. #, etc.

407

City & State

St. Augustine, FL

Zip

32095

Country

USA

3. Mailing Office Address

280 Business Park Circle

Suite, Apt. #, etc.

407

City & State

St. Augustine, FL

Zip

32095

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FL - St. Johns

**5. Date Organized or Qualified
To Do Business in Florida**

4-3-2003

6. FEI Number

80-0057782

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

DAVID V. FENDER

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

180 Calle El Jardin #101

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32095

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 1-7-2007

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
MEM	DAVID FENDER	180 Calle el Jardin #101	St. Augustine, FL 32095
MEM	William Watson	209 SandStone dr.	Taylors, SC 29687

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 1-7-2007 Daytime Phone # 904-825-9960

Typed or printed name of signing Managing Member/Manager

DAVID V FENDER

000085029400
01/18/07-01042-022 \$250.00
04-06