2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
May 02, 2005
Secretary of State

DOCUMENT# L03000014063

Entity Name: LEGACY INSURANCE FOR EVERYONE, LLC

Current Principal Place of Business:

28 WOODTHRUSH TRL. E.
MEDFORD, NJ 08055

New Principal Place of Business:

17909 TIMBERVIEW ST
TAMPA, FL 33647

Current Mailing Address:

28 WOODTHRUSH TRL. E.
MEDFORD, NJ 08055

New Mailing Address:

17909 TIMBERVIEW ST
TAMPA, FL 33647

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 323010000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: MARK SCHIFF

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: BLACK, ROBERT
Address: 28 WOODTHRUSH TRL. E.
City-St-Zip: MEDFORD, NJ 08055

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BLACK, ROBERT
Address: 17909 TIMBERVIEW ST
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT BLACK MGR 05/02/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date