


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 NOV -4 PM 4: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000016574	
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1. Entity Name
PHOENIX INDEMNITY, LLC

Principal Place of Business 1111 NW 25 AVE SUITE, 101 OCALA, FL 34470 US	Mailing Address 1111 NW 25 AVE SUITE, 101 OCALA, FL 34470 US
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2. Principal Place of Business - No P.O. Box # 1515 E. SILVER SPRINGS BLVD	3. Mailing Address P.O. BOX 23
Suite, Apt. #, etc. SUITE 118.3	Suite, Apt. #, etc.
City & State OCALA, FL	City & State SPARR, FL
Zip 34470	Country USA



10282008 REIN-LLC CR2E101 (1/07)

4. FEI Number 14-1883510	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GEORGINA M. GONZALEZ 1515 E. SILVER SPRINGS BLVD., #1183 OCALA, FL 34470	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Georgina M. Gonzalez* (NOTE: Registered Agent signature required when reinstating) DATE 10-28-2008

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEORGINA M. GONZALEZ, MANAGING DIRECTOR 1111 NW 25 AVE OCALA, FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. BOX 23 SPARR, FL 32192-0023 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAVARRO, XIOMARA 3269 SW 25TH STREET MIAMI, FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200137493692 10/30/08--01047--006 **138.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Georgina M. Gonzalez* 352-401-10-28-2008 7979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #