

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L03000034954

1. Limited Liability Company's Name

Flood Rebate Insurance, LLC

REINSTATEMENT Al, os, de, 07

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
724 E. Eau Gallie Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 984

Suite, Apt. #, etc.

City & State
Indian Harbour Beach, FL

City & State
Melbourne, FL

Zip
32937

Country
USA

Zip
32902

Country
USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida **09/10/2003**

6. FEI Number
11-3703952

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
Barry Ranew

Street Address (P.O. Box Number is Not Acceptable)
724 E. Eau Gallie Blvd

Suite, Apt. #, Etc.

City
Indian Harbour Beach

State
FL

Zip Code
32937

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Barry R. Ranew

REGISTERED AGENT MUST SIGN

Date **June 1, 2007**

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
MGRM	Barry R. Ranew	724 E. Eau Gallie Blvd	Indian Harbour Beach, FL 32937

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

Barry R. Ranew

Date **June 1, 2007**

Daytime Phone # **321-591-2258**

Typed or printed name of signing Managing Member/Manager **Barry R. Ranew**