2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 25, 2004
Secretary of State

DOCUMENT# L03000036852

Entity Name: TOTAL ACCIDENT HELP LLC

Current Principal Place of Business:

202 EAST SOUTH STREET
SUITE 5037
ORLANDO, FL 32801 US

New Principal Place of Business:

931 N. SR 434
SUITE 1201-232
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

202 EAST SOUTH STREET
SUITE 5037
ORLANDO, FL 32801 US

New Mailing Address:

931 N. SR 434
SUITE 1201-232
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 77-0609643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

JOSEPH, STEVENS PRES
202 EAST SOUTH STREET
SUITE 5037
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

JOSEPH, STEVENS PRES
931 N. SR 434
SUITE 1201-232
ALTAMONTE SPRINGS, FL 32714 US

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: STEVEN JOSEPH 10/25/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: JOSEPH, STEVENS MR.
Address: 931 N. SR 434, SUITE 1201-232
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: STEVENS JOSEPH MR. 10/25/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date