

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

06 MAY 26 AM 9:52

DOCUMENT # L03000047232

1. Limited Liability Company's Name

COLONY INSURANCE COMPANY GL3458304  
9201 FOREST HILL AVE. SUITE 200  
RICHMOND, VA, 23235

2. Principal Office Address

501 PINE LANE

Suite, Apt. #, etc.

City & State

BRANDON FL

Zip

33511

Country

USA

3. Mailing Office Address

501 PINE LANE

Suite, Apt. #, etc.

City & State

BRANDON FL

Zip

33511

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

11/24/2003

6. FEI Number

81-0639773

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

JAMES MCINALLY

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

501 PINE LANE

Suite, Apt. #, Etc.

City

BRANDON

State

FL

Zip Code

33511

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

X)

*James P. McInally*  
REGISTERED AGENT MUST SIGN

Date

X May 23/06

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
MGR	JAMES MCINALLY	501 PINE LANE	BRANDON, FL 33511
MGR	LESLIE P MCINALLY	501 PINE LANE	BRANDON, FL 33511
MGR	SHANE MCINALLY	501 PINE LANE	BRANDON, FL 33511
MGR	CHAD MCINALLY	501 PINE LANE	BRANDON, FL 33511

REINSTATEMENT 04-06

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

*James P. McInally*

Date

May 23/06

Daytime Phone #

813-393-9087

Typed or printed name of signing Managing Member/Manager

JAMES MCINALLY