

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 06, 2007 8:00 A.M.**  
**Secretary of State**

DOCUMENT # 604-271

1. Limited Liability Company's Name

Agency Management, LLC

900104120148  
06/08/07- 01033--020 \*\$300.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

4890 W. Kennedy Blvd.

Suite, Apt. #, etc.

#500

City & State

Tampa, FL

Zip

33609

Country

3. Mailing Office Address

4890 W. Kennedy Blvd.

Suite, Apt. #, etc.

#500

City & State

Tampa, FL

Zip

33609

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 12/22/2003

6. FEI Number

51-0501733

☒ 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

Kimberley A. Robbins, *Corporate Counsel/Secy.*

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

4890 W. Kennedy Blvd.,

Suite, Apt. #, Etc.

#500

City

Tampa

State

FL

Zip Code

33609

☐ 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

*Kimberley A. Robbins*

REGISTERED AGENT MUST SIGN

Date 5.24.07

**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	Agency Solutions		
	International, Inc.	4890 W. Kennedy Blvd. #500	Tampa, FL 33609

**REINSTATEMENT** 04-07

*Al*

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

*Kimberley A. Robbins*

Date

Daytime Phone # 813/289-9442

Typed or printed name of signing Managing Member/Manager Kimberley A. Robbins, Corporate Counsel/Secy.

By: Agency Solutions International, Inc. Its: Managing Member