

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 10 AM 6:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000045560

1. Limited Liability Company's Name
PECU Insurance Agency, LLC

500159329865
08/06/09--01049--013 **698.75

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
3700 AIRFIELD Dr. W
Suite, Apt. #, etc.

3. Mailing Office Address
P. O. Box 3627
Suite, Apt. #, etc.

City & State
LAKELAND, FL

Zip Country
33811 USA

City & State
Lakeland, FL

Zip Country
33802 USA

4. State/Country of Formation
FL / USA

5. Date Organized or Qualified
To Do Business in Florida 6/16/2004

6. FEI Number
20-1295602
☐ 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
Stephen F MADDOX
Street Address (P.O. Box Number is Not Acceptable)
3700 Airfield Dr. West
Suite, Apt. #, Etc.
City
Lakeland
State
FL
Zip Code
33811

☒ 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
REGISTERED AGENT MUST SIGN

Date 8/3/09

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	Stephen F MADDOX	3700 Airfield Dr. West	Lakeland, FL 33811
Mgr	Joseph F DAVID	3005 HWY 92 W	Lakeland, FL 33815
Mgr	Robert Bregler	3005 HWY 92 W	Lakeland, FL 33815

REINSTATEMENT

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 608.01, 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
Date 8/3/09 Daytime Phone # 863-688-5938

Typed or printed name of signing Managing Member/Manager STEPHEN F MADDOX