

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 FEB 10 AM 11:11

DOCUMENT # L04000063822

1. Limited Liability Company's Name

INTERNATIONAL INSURATIONS  
LLC

CR2E041 (10/08)

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

2984 S.E. MORNINGSIDE BLVD. (SAME)

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Port St. Lucie FL

City & State

(SAME)

Zip

34952

Country

U.S.A

Zip

SAME

Country

SAME

4. State/Country of Formation

FLORIDA U.S.A

5. Date Organized or Qualified  
To Do Business in Florida

8.27.04

6. FEI Number NOT APPLICABLE

☒ 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 BAILEY

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

2984 S.E. MORNINGSIDE BLVD.

Suite, Apt. #, Etc.

City

Port St. Lucie

State

FL

Zip Code

34952

☒ 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 2.4.09

10. Names and Street Addresses of Managing Members/Managers

| Titles   | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip          |
|--|--------------------------------------|---|-----------------------------|
| MGR  | JAMES BAILEY                         | 2984 S.E. MORNINGSIDE                             | Port St. Lucie FL.<br>34952 |
| REINSTATEMENT 2007-2009                        |                                      |   |                             |
| 400143030574<br>02/06/09--01044--009 ***416.25 |                                      |   |                             |
|  |                                      |   |                             |
|  |                                      |   |                             |
|  |                                      |   |                             |

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

Date 2.4.09

Daytime Phone # 772-834-6465

Typed or printed name of signing Managing Member/Manager

JAMES BAILEY

T. Hampton FEB 11 2009