

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 21 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600163885596
12/22/09--01028--010 **421.25

FILING CANCELLED
RETURNED CHECK

DOCUMENT # L04000078365

1. Limited Liability Company's Name

Horizon Insurance Solutions, LLC

07

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

17735 Lake Key Drive

3. Mailing Office Address

P.O. Box 341736

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Odessa, Florida

City & State

Tampa, Florida

Zip

33556

Country

U.S.A.

Zip

33694

Country

U.S.A.

8. Name and Address of Current Registered Agent

Name

Raymond G. Boorajian

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

17735 Lake Key Drive

Suite, Apt. #, Etc.

City

Odessa

State

FL

Zip Code

33556

4. State/Country of Formation

Florida, U.S.A.

5. Date Organized or Qualified

To Do Business in Florida 10/28/2004

6. FEI Number

20-1812748

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☒ 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 12/15/2009

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
manager	Raymond G. Boorajian	17735 Lake Key Drive Odessa FL	CUS Odessa, Florida 33556

REINSTATEMENT

2007, 08 & 09
Without Penalty up 12/22/09

11. E-mail Address: rboorajian@tampabay.rr.com

(To be used for future annual report notifications)

12. 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 12/15/2009

Daytime Phone #

813-784-5810

Typed or printed name of signing Managing Member/Manager

Raymond G. Boorajian