2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 21, 2007
Secretary of State

DOCUMENT# L05000003682

Entity Name: STATEWIDE INSURANCE AGENCY LLC

Current Principal Place of Business:

2016 NE 2ND AVE.
DELRAY BEACH, FL 33444

New Principal Place of Business:

522 NE 2ND STREET
DELRAY BEACH, FL 33483

Current Mailing Address:

2016 NE 2ND AVE.
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 20-2167078 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WILSON, CEPHIS
2016 NE 2ND AVE.
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CEPHIS WILSON

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WILSON, CEPHIS
Address: 2016 NE 2ND AVE.
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CEPHIS WILSON MGR 10/21/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date