

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

09 APR 28 AM 10:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA



04032009 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000037607 1. Entity Name A.M.T. INSURANCE GROUP, LLC					
Principal Place of Business 2385 EXECUTIVE CENTER DR. SUITE 100 BOCA RATON, FL 33431			Mailing Address 2385 EXECUTIVE CENTER DR. SUITE 100 BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2695213	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HODES, SCOTT E ESQ SETH E ELLIS, P.A. 2385 EXECUTIVE CENTER DRIVE, SUITE 190 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Alan Topchik Street Address (P.O. Box Number is Not Acceptable) 2385 Executive Center Dr Suite 100 City Boca Raton FL Zip Code 33431		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 4-23-09 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOPCHIK, ALAN MICHAEL 2385 EXECUTIVE CENTER DR. BOCA RATON, FL 33431 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.			REINSTATEMENT		
SIGNATURE:			SIGNATURE:		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE 4-23-09 DAYTIME PHONE # 5619812511		