

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000065924

Entity Name: JY INSURANCE, LLC

**FILED**  
**Jan 12, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

6827 1ST AVENUE SOUTH, SUITE 100  
ST. PETERSBURG, FL 33707

**New Principal Place of Business:**

5453 CENTRAL AVENUE  
ST. PETERSBURG, FL 33710

**Current Mailing Address:**

6827 1ST AVENUE SOUTH, SUITE 100  
ST. PETERSBURG, FL 33707

**New Mailing Address:**

PO BOX 4192  
ST. PETERSBURG, FL 33731

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

HINES, JAMES P  
315 S. HYDE PARK AVENUE  
TAMPA, FL 33606 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: JAMES P. HINES

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: YANCHUCK, JOEL P MANAGER  
Address: PO BOX 4192  
City-St-Zip: ST PETERSBURG, FL 33731

I hereby certify that the information supplied with this filing does not qualify for the 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: JOEL P. YANCHUCK

MGR

01/12/2007

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