2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 16, 2006
Secretary of State

DOCUMENT# L05000067114

Entity Name: CONSUMER SELECT INSURANCE OF AMERICA, LLC

Current Principal Place of Business:

52 THIRD STREET NW
WINTER HAVEN, FL 33881

New Principal Place of Business:

199 AVENUE B NW
SUITE 200
WINTER HAVEN, FL 33881

Current Mailing Address:

52 THIRD STREET NW
WINTER HAVEN, FL 33881

New Mailing Address:

199 AVENUE B NW
SUITE 200
WINTER HAVEN, FL 33881

FEI Number: 20-3150645 **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:

BURGER, FARMER & COHEN, P.L.
1601 FORUM PLACE
SUITE 404
WEST PALM BEACH, FL 33401 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: ALAN M. BURGER

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: NATIONAL INSURANCE S, OLUTIONS, LLC
Address: 52 THIRD STREET NW
City-St-Zip: WINTER HAVEN, FL 33881

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 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: ALAN BURGER MGRM 10/16/2006

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