

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 200156951232

1. Limited Liability Company's Name

McClure Insurance LLC

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

124 NE 44 AVE

Suite, Apt. #, etc.

City & State

Ocala FL

Zip

34470

Country

MAISON

3. Mailing Office Address

124 NE 44 AVE

Suite, Apt. #, etc.

City & State

Ocala FL

Zip

34470

Country

MAISON

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

8-2-05

6. FEI Number

20-3234891

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

LARRY E MCCLURE

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

124 NE 44 AVE

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34470

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date JUNE 4 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
<u>MLR</u>	<u>LARRY MCCLURE</u>	<u>124 NE 44 AVE</u>	<u>Ocala FL 34470</u>

REINSTATEMENT

[Signature]

11. 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

[Signature]

Date 6-4-09

Daytime Phone # 352-804-4288

Typed or printed name of signing Managing Member/Manager