

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000118684

FILED
Dec 20, 2006
Secretary of State

Entity Name: CLARKSON INSURANCE & FINANCIAL GROUP, LLC

Current Principal Place of Business:

12307 BOYETTE ROAD
RIVERVIEW, FL 33569 US

New Principal Place of Business:

Current Mailing Address:

12307 BOYETTE ROAD
RIVERVIEW, FL 33569 US

New Mailing Address:

FEI Number: 20-3925586 **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:

OSENTON, REGINALD
400 N. TAMPA STREET
SUITE 2625
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

CLARKSON, JOHN `
12307 BOYETTE RD
RIVERVIEW, FL 33569 US

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: JOHN T. CLARKSON III

12/20/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CLARKSON, JOHN T III
Address: 12307 BOYETTE ROAD
City-St-Zip: RIVERVIEW, FL 33569 US

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

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: CLARKSON, PEGGY
Address: 12307 BOYETTE RD
City-St-Zip: RIVERVIEW, FL 33569 US

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: JOHN T. CLARKSON III

MGRM

12/20/2006

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