

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000009320

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: ZARATE INSURANCE LLC

**Current Principal Place of Business:**

28465 SW 158 CT  
HOMESTEAD, FL 33033 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 900068  
HOMESTEAD, FL 33090 US

**New Mailing Address:**

FEI Number: 41-2225093

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BLANCA, ZARATE I  
28465 SW 158 CT  
HOMESTEAD, FL 33033 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: BLANCA I ZARATE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ZARATE, EDWARD  
Address: 28465 SW 158 CT  
City-St-Zip: HOMESTEAD, FL 33033 US

Title: MGR ( ) Delete  
Name: ZARATE, BLANCA I  
Address: 28465 SW 158 CT  
City-St-Zip: HOMESTEAD, FL 33033 US

Title: MGRM ( ) Delete  
Name: ZARATE, JESSICA  
Address: 28465 SW 158 CT  
City-St-Zip: HOMESTEAD, FL 33033 US

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: EDWARD ZARATE

MGR

01/12/2009

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