2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 08, 2008
Secretary of State

DOCUMENT# L07000030034

Entity Name: SIEVERT INSURANCE, LLC

Current Principal Place of Business:

2220 CR 210 WEST
SUITE 301
ST JOHNS, FL 32259

New Principal Place of Business:

2220 CR 210 WEST
SUITE 302
ST JOHNS, FL 32259

Current Mailing Address:

2220 CR 210 WEST
SUITE 301
ST JOHNS, FL 32259

New Mailing Address:

2220 CR 210 WEST
SUITE 302
ST JOHNS, FL 32259

FEI Number: 20-8658490 **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:

KEYSTONE LAW GROUP, P.L.
1665 KINGSLEY AVENUE
SUITE 108
ORANGE PARK, FL 32073 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: RAYMOND LABELLA

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SIEVERT, KARALEE
Address: 2220 CR 210 WEST #301
City-St-Zip: ST JOHNS, FL 32259

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SIEVERT, KARALEE
Address: 2220 CR 210 WEST #302
City-St-Zip: ST JOHNS, FL 32259

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: KARALEE SIEVERT MGR 10/08/2008

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