2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 16, 2009
Secretary of State

DOCUMENT# L08000000119

Entity Name: KDR INSURANCE & FINANCIAL SERVICES LLC

Current Principal Place of Business:

5889 S WILLIAMSON BLVD
#205
PORT ORANGE, FL 32128 US

New Principal Place of Business:

Current Mailing Address:

5889 S WILLIAMSON BLVD
#205
PORT ORANGE, FL 32128 US

New Mailing Address:

FEI Number: 20-3377353 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAVI, KERRY L
5889 S WILLIAMSON BLVD
#205
PORT ORANGE, FL 32128 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: KERRY RAVI

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	PRES	( ) Delete
Name:	RAVI, KERRY L	
Address:	5889 S WILLIAMSON BLVD. STE 205	
City-St-Zip:	PORT ORANGE, FL 32128 US	
Title:	VP	( ) Delete
Name:	RAVI, DENNIS V	
Address:	5889 S WILLIAMSON BLVD., STE	
City-St-Zip:	PORT ORANGE, FL 32128 US	

ADDITIONS/CHANGES:

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: KERRY RAVI PRES 10/16/2009

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