2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000041509

City-St-Zip:

Entity Name: INSURANCE FOR AGRICULTURE, LLC

FILED Oct 07, 2009 Secretary of State

Current Princ	ipal Place of Business:	New Princ	New Principal Place of Business:	
10691 NORTH SUITE 102 MIAMI, FL 331	I KENDALL DR. 176			
Current Mailing Address:		New Maili	New Mailing Address:	
10691 NORTH SUITE 102 MIAMI, FL 331	I KENDALL DR. 176			
FEI Number: 26-2	2653750 FEI Number Applied For() ith s. 607.193(2)(b), F.S., the limited liability c	FEI Number Not App		
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
CUMMINGS, RICHARD T 10691 NORTH KENDALL DR. SUITE 102 MIAMI, FL 33176 US		10691 NO SUITE 102	CUMMINGS, RICHARD T MGRM 10691 NORTH KENDALL DR. SUITE 102 MIAMI, FL 33176 US	
The above nan in the State of I		e purpose of changing	its registered office or registered agent, or both	
SIGNATURE:	RICHARD T. CUMMINGS		10/07/2009	
	Electronic Signature of Registered A	gent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	MR. () Change (X) Addition CUMMINGS, RICHARD T MGRM 10691 N. KENDALL DR. , SUITE 102 MIAMI, FL 33176 US	
Title: Name: Address:	() Delete	Title: Name: Address:	MS. () Change (X) Addition CUMMINGS, CHARLOTTE A MGRM 10691 N. KENDALL DR., SUITE 102	

City-St-Zip: MIAMI, FL 33176 US

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: CHARLOTTE A. CUMMINGS MGRM 10/07/2009