2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000069824

Entity Name: PUBLIC ADJUSTERS AT YOUR SIDE, LLC

FILED Oct 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

200 EAST LAS OLAS BLVD 100 N FEDERAL HWY

1270 1019

FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301

Current Mailing Address: New Mailing Address:

100 N FEDERAL HWY 100 N FEDERAL HWY

1025 1019

FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301

FEI Number: 80-0222062 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FARBIARZ, JASON C FARBIARZ, JASON C 100 N FEDÉRAL HWY 100 N FEDERAL HWY

1025 1019

FORT LAUDERDALE, FL 33301 US FORT LAUDERDALE, FL 33301 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: JASON FARBIARZ 10/13/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

MOSTUN, PAUL Name: Name: 100 N FEDERAL HWY, SUITE 1019 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: GARBER, MICHAEL Name: Address: 3100 NE 57TH ST Address: City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

FARBIARZ, JASON Name: FARBIARZ, JASON Name:

100 N FEDERAL HWY, SUITE 1025 100 N FEDERAL HWY, SUITE 1019 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: FORT LAUDERDALE, FL 33301

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: JASON FARBIARZ **MGRM** 10/13/2009