2010 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 20, 2010
Secretary of State

DOCUMENT# L09000006328

Entity Name: FOCAL POINT INSURANCE SERVICES, LLC

Current Principal Place of Business:

15190 S.E. 104TH CT.
SUITE B
SUMMERFIELD, FL 34491 US

New Principal Place of Business:

Current Mailing Address:

15190 S.E. 104TH CT.
SUITE B
SUMMERFIELD, FL 34491 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A-100
TAMPA, FL 33612 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: JACOB VARGHESE

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SPAYD, CHANDELLE R
Address: 15190 S.E. 104TH CT., SUITE B
City-St-Zip: SUMMERFIELD, FL 34491 US

I hereby 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 Statues.

SIGNATURE: CHANDELLE SPAYD MGRM 10/20/2010

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