

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2016 NOV 23 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Ethix Reinsurance Intermediaries, LLC
LO9000051247

2. Principal Office Address - No P.O. Box #

1331 Beacon Hill Dr

Suite, Apt. #, etc.

3. Mailing Office Address

10716 Zieglers Dr

Suite, Apt. #, etc.

City & State

Highlands Ranch, CO

Zip

80126

Country

USA

City & State

Brooklyn Park, MN

Zip

55443

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

5/27/09

6. FEI Number

80-0411082

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

8. Name and Address of Current Registered Agent

Name

Lane Kent

Street Address (P.O. Box Number is Not Acceptable) Suite,

2730 Bullard Dr

Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33762

000292625320
11/23/16--01003--021 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Lane Kent

Date

11.21.16

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Timothy J. Pawlik	10716 Zieglers Dr	Brooklyn Park, Mn 55443
MGR	Thomas E. Pawlik	1331 Beacon Hill Dr	Highlands Ranch, CO 80126

NOV 23 2016

R. HUNT

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Thomas E. Pawlik

Date 11.22.16

Daytime Phone # 612.747.0586

Typed or printed name of signing authorized representative/member