2013 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jan 19, 2013
Secretary of State

DOCUMENT# L10000058107

Entity Name: SMITH & ASSOCIATES INSURANCE SOLUTIONS, LLC

Current Principal Place of Business:

4007 SW PORT ST. LUCIE BLVD.
SUITE 7
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

4007 SW PORT ST. LUCIE BLVD.
SUITE 7
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: 27-2779155 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, ELIAS
4007 SW PORT ST. LUCIE BLVD.
SUITE 7
PORT ST. LUCIE, FL 34953 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: ELIAS SMITH

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: SMITH, ELIAS
Address: 2751 SW BEAR PAW TRAIL
City-St-Zip: PALM CITY, FL 34990

Title: MGRM
Name: SMITH, CORINA P
Address: 2751 SW BEAR PAW TRAIL
City-St-Zip: PALM CITY, FL 34990

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: ELIAS SMITH MGRM 01/19/2013

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