

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L11000047585

1. Limited Liability Company's Name

IFG INSURANCE SERVICES LLC

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

124-A N 2ND ST

Suite, Apt. #, etc.

City & State

FT PIERCE, FL

Zip

34950

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

4/8/11

6. FEI Number

47-2639974

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (1/14)

**8. Name and Address of Current Registered Agent**

Name

HANS KRAAZ

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

2007 COVE DR

Suite, Apt. #, Etc.

City

VERO BEACH

State

FL

Zip Code

34963

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

REGISTERED AGENT MUST SIGN

Date 12.29.14

**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
MGMR	HANS KRAAZ	2007 COVE DR	VERO BEACH, FL 32963

**REINSTATEMENT**

DEC 30 2014

R. HUNT

11. E-mail Address: LRUIZ@BOATLOANS.NET

(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 608, 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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 12/29/14

Daytime Phone # 772-464-5885

Typed or printed name of signing Authorized Representative/Manager HANS KRAAZ